

Volume 30, Number 14
Pages 1487-1598
July 15, 2005

SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."



ROBIN CARNAHAN
SECRETARY OF STATE

MISSOURI
REGISTER

The *Missouri Register* is an official publication of the state of Missouri, under the authority granted to the secretary of state by sections 536.015, RSMo Supp. 2004 and 536.033, RSMo 2000. Reproduction of rules is allowed; however, no reproduction shall bear the name *Missouri Register* or "official" without the express permission of the secretary of state.

The *Missouri Register* is published semi-monthly by

SECRETARY OF STATE

ROBIN CARNAHAN

Administrative Rules Division

James C. Kirkpatrick State Information Center

600 W. Main

Jefferson City, MO 65101

(573) 751-4015

DIRECTOR

BARBARA WOOD

.

EDITORS

BARBARA MCDUGAL

JAMES MCCLURE

.

ASSOCIATE EDITORS

CURTIS W. TREAT

SALLY L. REID

PUBLISHING STAFF

WILBUR HIGHBARGER

JACQUELINE D. WHITE

ISSN 0149-2942, USPS 320-630; periodical postage paid at Jefferson City, MO

Subscription fee: \$56.00 per year

POSTMASTER: Send change of address notices and undelivered copies to:

MISSOURI REGISTER

Office of the Secretary of State

Administrative Rules Division

PO Box 1767

Jefferson City, MO 65102

The *Missouri Register* and *Code of State Regulations* (CSR) are now available on the Internet. The Register address is <http://www.sos.mo.gov/adrules/moreg/moreg.asp> and the CSR is <http://www.sos.mo.gov/adrules/csr/csr.asp>. These websites contain rulemakings and regulations as they appear in the Registers and CSR. These websites do not contain the official copies of the Registers and CSR. The official copies remain the paper copies published by the Office of the Secretary of State pursuant to sections 536.015 and 536.031, RSMo Supp. 2004. While every attempt has been made to ensure accuracy and reliability, the Registers and CSR are presented, to the greatest extent practicable as they appear in the official publications. The Administrative Rules Division may be contacted by e-mail at rules@sos.mo.gov.

The secretary of state's office makes every effort to provide program accessibility to all citizens without regard to disability. If you desire this publication in alternate form because of a disability, please contact the Division of Administrative Rules, PO Box 1767, Jefferson City, MO 65102, (573) 751-4015. Hearing impaired citizens should contact the director through Missouri relay, (800) 735-2966.



IN THIS ISSUE:

EMERGENCY RULES

Department of Revenue	
Director of Revenue	1491
Department of Social Services	
Children's Division	1491
Division of Medical Services	1522
Department of Health and Senior Services	
Missouri Health Facilities Review Committee	1525

PROPOSED RULES

Office of Administration	
Purchasing and Materials Management	1527
Department of Agriculture	
Animal Health	1529
Department of Conservation	
Conservation Commission	1532
Department of Economic Development	
State Board of Pharmacy	1534
Department of Public Safety	
Office of the Director	1539
Department of Revenue	
Director of Revenue	1539
Department of Social Services	
Children's Division	1540
Family Support Division	1540
Division of Medical Services	1542

Department of Health and Senior Services	
Missouri Health Facilities Review Committee	1569

ORDERS OF RULEMAKING

Department of Conservation	
Conservation Commission	1570
Department of Economic Development	
Missouri Dental Board	1574
State Board of Registration for the Healing Arts	1575
Retirement Systems	
The County Employees' Retirement Fund	1577

IN ADDITIONS

Department of Health and Senior Services	
Missouri Health Facilities Review Committee	1578

DISSOLUTIONS	1579
---------------------	------

SOURCE GUIDES

RULE CHANGES SINCE UPDATE	1581
EMERGENCY RULES IN EFFECT	1586
EXECUTIVE ORDERS	1587
REGISTER INDEX	1589

Register Filing Deadlines	Register Publication Date	Code Publication Date	Code Effective Date
April 1, 2005	May 2, 2005	May 31, 2005	June 30, 2005
April 15, 2005	May 16, 2005	May 31, 2005	June 30, 2005
May 2, 2005	June 1, 2005	June 30, 2005	July 30, 2005
May 16, 2005	June 15, 2005	June 30, 2005	July 30, 2005
June 1, 2005	July 1, 2005	July 31, 2005	August 30, 2005
June 15, 2005	July 15, 2005	July 31, 2005	August 30, 2005
July 1, 2005	August 1, 2005	August 31, 2005	September 30, 2005
July 15, 2005	August 15, 2005	August 31, 2005	September 30, 2005
August 1, 2005	September 1, 2005	September 30, 2005	October 30, 2005
August 15, 2005	September 15, 2005	September 30, 2005	October 30, 2005
September 1, 2005	October 3, 2005	October 31, 2005	November 30, 2005
September 15, 2005	October 17, 2005	October 31, 2005	November 30, 2005
October 3, 2005	November 1, 2005	November 30, 2005	December 30, 2005
October 17, 2005	November 15, 2005	November 30, 2005	December 30, 2005
November 1, 2005	December 1, 2005	December 31, 2005	January 30, 2006
November 15, 2005	December 15, 2005	December 31, 2005	January 30, 2006
December 1, 2005	January 3, 2006	January 29, 2006	February 28, 2006
December 15, 2005	January 17, 2006	January 29, 2006	February 28, 2006

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at <http://www.sos.mo.gov/adrules/pubsched.asp>

Missouri Participating Libraries

The *Missouri Register* and the *Code of State Regulations*, as required by the Missouri Documents Law (section 181.100, RSMo Supp. 2004), are available in the listed participating libraries, as selected by the Missouri State Library:

Jefferson County Library PO Box 1486, 3021 High Ridge High Ridge, MO 63049-1486 (314) 677-8689	Learning Resources Center Mineral Area College PO Box 1000 Park Hills, MO 63601-1000 (573) 431-4593	Missouri Western State College Hearnes Learning Resources Ctr. 4525 Downs Drive St. Joseph, MO 64507-2294 (816) 271-5802	Library University of Missouri-Rolla 1870 Miner Circle Rolla, MO 65409-0060 (573) 341-4007
Jefferson College Library 1000 Viking Drive Hillsboro, MO 63050-2441 (314) 789-3951 ext. 160	Cape Girardeau Public Library 711 N. Clark Cape Girardeau, MO 63701-4400 (573) 334-5279	Library North Central Missouri College PO Box 111, 1301 Main Street Trenton, MO 64683-0107 (660) 359-3948 ext. 325	Lebanon-Laclede County Library 135 Harwood Ave. Lebanon, MO 65536-3017 (417) 532-2148
St. Louis Public Library 1301 Olive St. St. Louis, MO 63103-2389 (314) 539-0376	Kent Library Southeast Missouri State University One University Plaza Cape Girardeau, MO 63701-4799 (573) 651-2757	Missouri Southern State University Spiva Library 3950 East Newman Road Joplin, MO 64801-1595 (417) 625-9342	University Library Southwest Baptist University 1600 University Ave. Bolivar, MO 65613-2597 (417) 328-1631
St. Louis University Law Library 3700 Lindell Blvd. St. Louis, MO 63108-3478 (314) 977-2742	Riverside Regional Library PO Box 389, 204 South Union St. Jackson, MO 63755-0389 (573) 243-8141	Missouri State Library 600 West Main, PO Box 387 Jefferson City, MO 65102-0387 (573) 751-3615	Barry-Lawrence Regional Library 213 6th St. Monett, MO 65708-2147 (417) 235-6646
Eden Theological Seminary/ Webster University Eden/Webster Library 475 East Lockwood Ave. St. Louis, MO 63119-3192 (314) 961-2660 ext. 7812	Rutland Library Three Rivers Community College 2080 Three Rivers Blvd. Poplar Bluff, MO 63901-2393 (573) 840-9656	Missouri State Archives 600 West Main, PO Box 778 Jefferson City, MO 65102-0778 (573) 526-6711	Lyons Memorial Library College of the Ozarks General Delivery Point Lookout, MO 65726-9999 (417) 334-6411 ext. 3551
Thomas Jefferson Library University of Missouri-St. Louis 8001 Natural Bridge Road St. Louis, MO 63121-4499 (314) 516-5084	James C. Kirkpatrick Library Central Missouri State University 142 Edwards Library Warrensburg, MO 64093-5020 (660) 543-4149	Elmer Ellis Library University of Missouri-Columbia 106 B Ellis Library Columbia, MO 65211-5149 (573) 882-0748	Garnett Library Southwest Missouri State University 304 Cleveland West Plains, MO 65775-3414 (417) 255-7945
Washington University Washington University Law Library Campus Box 1171, Mudd Bldg., One Brookings Dr. St. Louis, MO 63130-4899 (314) 935-6443	Kansas City Public Library 311 East 12th St. Kansas City, MO 64106-2454 (816) 701-3546	Library State Historical Society of Missouri 1020 Lowry St. Columbia, MO 65211-7298 (573) 882-9369	Springfield-Greene County Library 4653 S. Campbell Springfield, MO 65801-0760 (417) 874-8110
St. Louis County Library 1640 S. Lindbergh Blvd. St. Louis, MO 63131-3598 (314) 994-3300 ext. 247	Law Library University of Missouri-Kansas City 5100 Rockhill Road Kansas City, MO 64110-2499 (816) 235-2438	Daniel Boone Regional Library PO Box 1267, 100 West Broadway Columbia, MO 65205-1267 (573) 443-3161 ext. 359	Meyer Library Southwest Missouri State University PO Box 175, 901 S. National Springfield, MO 65804-0095 (417) 836-4533
Maryville University Library 13550 Conway Road St. Louis, MO 63141-7232 (314) 529-9494	University of Missouri-Kansas City Miller Nichols Library 5100 Rockhill Road Kansas City, MO 64110-2499 (816) 235-2438	School of Law University of Missouri-Columbia 224 Hulston Hall Columbia, MO 65211-0001 (573) 882-1125	
St. Charles City-County Library Middendorf-Kredell Branch 2750 Hwy K O'Fallon, MO 63366-7859 (636) 978-7997	B.D. Owens Library Northwest Missouri State University 800 University Drive Maryville, MO 64468-6001 (660) 562-1841	Central Methodist College Smiley Memorial Library 411 Central Methodist Square Fayette, MO 65248-1198 (660) 248-6279	
Truman State University Pickler Memorial Library 100 E. Normal Kirksville, MO 63501-4221 (660) 785-7416	St. Joseph Public Library 927 Felix Street St. Joseph, MO 64501-2799 (816) 232-8151		

HOW TO CITE RULES AND RSMo

RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

**Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 23—Motor Vehicle**

EMERGENCY RESCISSION

12 CSR 10-23.428 All-Terrain Vehicles Modified For Highway Use. This rule established the titling and registration procedures required when an all-terrain vehicle is modified to qualify as a motor vehicle.

PURPOSE: *This rule is being rescinded because all-terrain vehicles are not designed for operation on the roadways.*

EMERGENCY STATEMENT: *For the years 2000–2004, the Missouri State Highway Patrol has investigated fifty-one (51) fatalities and eight hundred twenty-one (821) instances of injury sustained as a result of the operation of all-terrain vehicles on publicly maintained roadways. From 2000–2004 the total number of injuries increased from one hundred thirty-two (132) to two hundred twenty-four (224) per year. On average over ten (10) Missourians die each year as a result of all-terrain vehicles operation on public roadway. Accordingly, this emergency rescission is necessary to prevent all-terrain vehicles from being altered so as to allow them to be licensed as a motor vehicle. This emergency rescission is necessary to inform the public that alterations allowed under the rule are not sufficient to allow all-terrain vehicles be licensed as motor vehicles. To that end,*

*the emergency rescission serves both to increase public awareness of the danger inherent in attempting to operate an all-terrain vehicle as a motor vehicle and to preserve the compelling governmental interest of protecting our citizens from serious bodily injury or death by requiring an early effective date, in that the rescission informs the public that the department will no longer issue modified all-terrain vehicles a motor vehicle license plate due to the increasing number of injuries and consistent number of deaths from 2000–2004. The director finds that there is an immediate danger to the public welfare, in continuing to allow modified all-terrain vehicles to operate on the public highways that can only be addressed through this emergency rescission. Even modified all-terrain vehicles are continuing to maintain the characteristics of an all-terrain vehicle and such vehicles are not capable of safely operating and blending with traffic at road speed and are not equipped with all safety equipment to make them visible and safe for regular operation on the public highway. The Missouri State Highway Patrol has seized some license plates from all-terrain vehicles that were unsafely operating, but the problem needs to be uniformly addressed. A proposed rescission covering this same material is published in this issue of the *Missouri Register*. The director has followed procedures calculated to assure fairness to all interested persons and parties and has complied with protections extended by the *Missouri* and *United States Constitutions*. The necessity for the emergency rescission was determined by the department, in coordination with the Missouri State Highway Patrol, to ensure that the department no longer registered all-terrain vehicles as passenger vehicles for operation on public roadways following the Missouri State Highway Patrol's study of injuries and deaths related thereto and its conclusion that all-terrain vehicles cannot be safely operated on public roadways as licensed motor vehicles. The director has limited the scope of the emergency rescission to the circumstances creating the emergency. Emergency rescission filed June 9, 2005, effective June 19, 2005, expires December 16, 2005.*

AUTHORITY: *section 301.010, RSMo Supp. 1989, 301.190, RSMo Supp. 1990 and 301.700, RSMo Supp. 1988. Original rule filed April 23, 1992, effective Dec. 3, 1992. Emergency rescission filed June 9, 2005, effective June 19, 2005, expires Dec. 16, 2005. A proposed rescission covering this same material is published in this issue of the *Missouri Register*.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 35—Children's Division
Chapter 80—Payment of Residential Facilities**

EMERGENCY AMENDMENT

13 CSR 35-80.020 Residential Care Agency Cost Reporting System. The division is amending section (5) and replacing Appendix A.

PURPOSE: *This amendment adopts a new cost report and instructions for completion of the cost report as Appendix A. The uniform cost reporting system provides the data necessary for the determination of the costs for residential care facilities. This amendment also provides notice that failure to provide cost reports may result in the residential care facilities exclusion from contracts with the Children's Division.*

EMERGENCY STATEMENT: *The division has determined that this emergency amendment is necessary to adopt a new cost report in order to determine the cost incurred by residential facilities. The division finds that an immediate danger to the health, safety and welfare to the citizens of Missouri exists inasmuch as this action is necessary in order to obtain necessary cost data for determination of payments*

and to ensure federal funding for the affected providers. The division finds that this emergency amendment is necessary to preserve a compelling governmental interest in maintaining continued federal funding for the treatment of children. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri and United States Constitutions**. The division believes the emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on June 15, 2005, effective July 1, 2005, expires December 27, 2005.

(5) Reporting Period and Filing Requirements.

(A) The cost report must reflect actual audited costs incurred in the provision of residential child care and related services by an agency for the most recent fiscal year. **Cost reports must be submitted in accordance with the applicable instructions and in the cost report format prescribed in Appendix A, included herein. Failure to provide cost reports may result in the residential care facilities exclusion from contracts with the Children's Division.**

[(B) An initial cost report for the twelve (12) months which ended December 31, 2003 must be submitted by March 31, 2004.]

[(C)] (B) An annual cost report for fiscal years ending after December 31, 2003 must be submitted within ninety (90) days of the close of the fiscal year. **The division may grant an extension for submission of the annual cost report and/or audited financial statement. Cost reports which have not been submitted for fiscal years ending in calendar year 2004 must be submitted by August 15, 2005 on the current report format contained in Appendix A. A waiver from filing a fiscal year 2004 cost report will be provided for providers that will submit a fiscal year 2005 cost report by August 15, 2005.**

[(D)] (C) Audited financial statements must be submitted with cost reports. **An auditor's opinion does not have to be provided on the cost report. A preliminary fiscal year 2005 cost report may be submitted by August 15, 2005 without an audited financial statement. A final report and audited financial statement must be submitted in accordance with subsection (5)(B).**

(D) Providers must also participate in the statewide time study of direct care staff described in section (1).

APPENDIX A

Agency Information

NAME OF AGENCY

COUNTY

MAILING ADDRESS

- STREET

- CITY

- STATE

- ZIP CODE

FEDERAL EMPLOYER IDENTIFICATION NO.

NAME OF PERSON COMPLETING REPORT

JOB TITLE

TELEPHONE (Area Code & Number)

BEGIN DATE OF REPORT (MM-DD-YYYY)

END DATE OF REPORT (MM-DD-YYYY)

NUMBER OF PROGRAMS REPORTED ON CFR

ACTUAL COSTS (Enter A)

QUARTERS REPORTED (Enter 4)

TYPE OF OWNERSHIP: (Check one)

- NOT-FOR-PROFIT

- FOR-PROFIT

BASIS OF MAINTAINING ACCTG RECORDS

- ACCRUAL

- CASH

- OTHER

AGENCY ACCREDITATION COMPLETED BY

PROGRAM NAME			CONTRACT NUMBER or PROGRAM CODE				
PGM #	Description 1 (12 characters)	Description 2 (12 characters)	(Enter 10 digit Contract Number or Program Code - Do NOT Include Hyphens)				
			DSS	DSS Medicaid	DMH	OTHER	OTHER
1.	Residential	Basic					
2.	Residential	Infant					
3.	Residential	Residential					
4.	Residential	Intensive					
5.	Community	Based					
6.	Ed / School	Day Treatment					
7.							
8.							
9.							
10.							

Schedule of Program Costs
For Period Ended

Line #	Account Title	Agency Total	All Other Not Allocated	Program 1 Residential Basic	Program 2 Residential Infant	Program 3 Residential Residential	Program 4 Residential Intensive	Program 5 Community Based	Program 6 Ed / School Day Treatment
	Program Expenses:								
1.	Program Staff Salaries	0	0	0	0	0	0	0	0
2.	Program Clerical Staff Salaries	0	0	0	0	0	0	0	0
3.	Program Payroll Taxes and Fringe Benefits	0	0	0	0	0	0	0	0
4.	Program Consultants	0	0	0	0	0	0	0	0
5.	Consumer Wages and Fringe Benefits	0	0	0	0	0	0	0	0
6.	Medicine and Drugs	0	0	0	0	0	0	0	0
7.	All Other Direct Service Equipment and Supplies	0	0	0	0	0	0	0	0
8.	Staff Transportation	0	0	0	0	0	0	0	0
9.	Client Transportation	0	0	0	0	0	0	0	0
10.	Transportation To / From School	0	0	0	0	0	0	0	0
11.	Direct Service Staff Conferences and Conventions	0	0	0	0	0	0	0	0
12.	Program Insurance	0	0	0	0	0	0	0	0
13.	Direct Client Specific Assistance	0	0	0	0	0	0	0	0
14.	Telecommunication Costs Assigned to Program	0	0	0	0	0	0	0	0
15.	Foster Care Payments	0	0	0	0	0	0	0	0
16.	Other (specify)	0	0	0	0	0	0	0	0
17.	Total Program Expenses (Sum Lines 1 - 16)	0	0	0	0	0	0	0	0
	Support Expenses:								
18.	Support Salaries	0	0	0	0	0	0	0	0
19.	Support Payroll Taxes and Fringe Benefits	0	0	0	0	0	0	0	0
20.	Dietary Supplies	0	0	0	0	0	0	0	0
21.	Housekeeping and Laundry Supplies	0	0	0	0	0	0	0	0
22.	Other (specify)	0	0	0	0	0	0	0	0
23.	Total Support Expenses (Sum Lines 18 - 22)	0	0	0	0	0	0	0	0
	Occupancy Expenses:								
24.	Occupancy Salaries	0	0	0	0	0	0	0	0
25.	Occupancy Payroll Taxes and Fringe Benefits	0	0	0	0	0	0	0	0
26.	Building & Equip. Operations and Maintenance	0	0	0	0	0	0	0	0
27.	Vehicle Depreciation	0	0	0	0	0	0	0	0
28.	All Other Depreciation & Amortization	0	0	0	0	0	0	0	0
29.	Vehicle Rent	0	0	0	0	0	0	0	0
30.	All Other Lease / Rent / Taxes	0	0	0	0	0	0	0	0
31.	Equipment Under \$500	0	0	0	0	0	0	0	0
32.	Mortgage & Installment Interest	0	0	0	0	0	0	0	0
33.	Operating Interest	0	0	0	0	0	0	0	0
34.	Other (specify)	0	0	0	0	0	0	0	0
35.	Total Occupancy Expenses (Sum Lines 24 - 34)	0	0	0	0	0	0	0	0
	Administrative and Office Expenses:								
36.	Administrative Salaries	0	0	0	0	0	0	0	0
37.	Administrative Payroll Taxes and Fringe Benefits	0	0	0	0	0	0	0	0
38.	Administrative Consultants	0	0	0	0	0	0	0	0
39.	Telecommunication Costs Not Assigned to Program	0	0	0	0	0	0	0	0
40.	Office Supplies and Equipment	0	0	0	0	0	0	0	0
41.	Allocation of Management and General (G & A)	0	0	0	0	0	0	0	0
42.	Other (specify)	0	0	0	0	0	0	0	0
43.	Total Administrative Expenses (Sum Lines 36 - 42)	0	0	0	0	0	0	0	0
44.	Total Expenses (Sum Lines 17, 23, 35, 43)	0	0	0	0	0	0	0	0
	Non-reimbursable Expenses:								
45.	Cost of Prod. and Workshop Client Wages Incl. Ab	0	0	0	0	0	0	0	0
46.	Fund Raising Activities	0	0	0	0	0	0	0	0
47.	Other (specify)	0	0	0	0	0	0	0	0
48.	Total Non-Reimbursable Expenses (Sum Lines 45 - 47)	0	0	0	0	0	0	0	0
49.	Net Expenses (Line 44 minus Line 48)	0	0	0	0	0	0	0	0

Schedule of Program Revenues
For Period Ended

Line #	Account Title	Agency Total	All Other Not Allocated	Program 1 Residential Basic	Program 2 Residential Infant	Program 3 Residential Residential	Program 4 Residential Intensive	Program 5 Community Based	Program 6 Ed / School Day Treatment
<u>Fees + Purchase of Service:</u>									
1.	DSS Contract Per Diems	0	0	0	0	0	0	0	0
2.	DSS Contract Admissions/Quarterly Evaluations	0	0	0	0	0	0	0	0
3.	DSS Contract Other Client Specific	0	0	0	0	0	0	0	0
4.	DSS Medicaid Direct Billings	0	0	0	0	0	0	0	0
5.	Department of Mental Health - All	0	0	0	0	0	0	0	0
6.	Local Education Agency	0	0	0	0	0	0	0	0
7.	Local Government	0	0	0	0	0	0	0	0
8.	Federal Government	0	0	0	0	0	0	0	0
9.	Other Government Agencies	0	0	0	0	0	0	0	0
10.	Client/Family Pgm Fees (incl. SSI, SSA, pensions)	0	0	0	0	0	0	0	0
11.	Special Service Fees for Individual Clients	0	0	0	0	0	0	0	0
12.	Diagnostic Service Fees	0	0	0	0	0	0	0	0
13.	Other (specify)	0	0	0	0	0	0	0	0
14.	Other (specify)	0	0	0	0	0	0	0	0
15.	Other (specify)	0	0	0	0	0	0	0	0
16.	Total Fees + Purchase of Services (Sum Lines 1-15)	0	0	0	0	0	0	0	0
<u>Grant Revenues</u>									
17.	Department of Social Services	0	0	0	0	0	0	0	0
18.	Department of Children and Family Services	0	0	0	0	0	0	0	0
19.	DSS - Medicaid	0	0	0	0	0	0	0	0
20.	Department of Mental Health	0	0	0	0	0	0	0	0
21.	Local Education Agency	0	0	0	0	0	0	0	0
22.	Local Government Awards	0	0	0	0	0	0	0	0
23.	Federal Government Awards	0	0	0	0	0	0	0	0
24.	Other Government Awards	0	0	0	0	0	0	0	0
25.	JTPA / CETA	0	0	0	0	0	0	0	0
26.	Other (specify)	0	0	0	0	0	0	0	0
27.	Other (specify)	0	0	0	0	0	0	0	0
28.	Other (specify)	0	0	0	0	0	0	0	0
29.	Other (specify)	0	0	0	0	0	0	0	0
30.	Total Grant Revenues (Sum Lines 17 - 29)	0	0	0	0	0	0	0	0
<u>Contributions & Other</u>									
31.	Restricted to Operations	0	0	0	0	0	0	0	0
32.	Restricted to Capital	0	0	0	0	0	0	0	0
33.	Unrestricted	0	0	0	0	0	0	0	0
34.	Contributions - Goods and Services	0	0	0	0	0	0	0	0
35.	Child/Adult Food Pgms (school meals, commodities)	0	0	0	0	0	0	0	0
36.	School Transportation Payments (to/from school)	0	0	0	0	0	0	0	0
37.	Sales of Goods and Services	0	0	0	0	0	0	0	0
38.	Rent Income	0	0	0	0	0	0	0	0
39.	Gain on Sale of Assets	0	0	0	0	0	0	0	0
40.	Cafeteria and Vending Machine	0	0	0	0	0	0	0	0
41.	Other (specify)	0	0	0	0	0	0	0	0
42.	Total Contributions & Other (Sum Lines 31 - 41)	0	0	0	0	0	0	0	0
<u>Investment Income</u>									
43.	Income on Restricted Assets / Investments	0	0	0	0	0	0	0	0
44.	Income on Unrestricted Assets / Investments	0	0	0	0	0	0	0	0
45.	Total Investment Income (Sum Lines 43 & 44)	0	0	0	0	0	0	0	0
<u>Reserved for Future Use</u>									
46.		0	0	0	0	0	0	0	0
47.	TOTAL REVENUES (Sum Lines 16, 30, 42, 45, 46)	0	0	0	0	0	0	0	0

REPORT OF SERVICE UNITS / For Period Ended
DAYS / NIGHTS

	Program 1 Residential Basic	Program 2 Residential Infant	Program 3 Residential Residential	Program 4 Residential Intensive	Program 5 Community Based	Program 6 Ed / School Day Treatment
Grant Programs:						
Service Unit Type						
Service Units Provided - Total	0	0	0	0	0	0
Service Units Provided - DSS Only	0	0	0	0	0	0
Purch. of Service / Fee For Svce:						
Service Units/Days Provided - Total	0	0	0	0	0	0
Service Units/Days Provided - DSS On	0	0	0	0	0	0
Number of Days Program Operated	0	0	0	0	0	0
Lic. Capacity Beginning of Report Period	0	0	0	0	0	0
Lic. Capacity End of Report Period	0	0	0	0	0	0
Date of Change, if any (MM-DD-YYYY)						

PROGRAM PERSONNEL.
(DO NOT USE FOR PROGRAM CONSULTANTS
OR CONTRACTUAL WORKERS)

40

Number of Hours (excluding overtime) in a standard work week (i.e., 37.5 hrs. 40 hrs. etc.)

REQUIRED MEDICAID REPORTING

rom among the positions stated above, give the details for staff which function in the

[illegible]

APPENDIX A -- MISSOURI RESIDENTIAL COST REPORT AND INSTRUCTIONS

The Missouri Residential Cost Report and instructions are available in a self extracting electronic file for all affected agencies. The file will be provided via electronic mail or on disk and include instructions for installation and contact information for questions regarding the cost report submission.

AGENCY INFORMATION

The data entered on the Agency Information screen is very important because it will be used to establish file names, print ranges, and the size of data export files. If the information on this screen is incomplete or incorrect, the Department may not receive all of the data entered into the MO_RATES model, and also may not be able to associate it with your agency if the FEIN number is not entered correctly. Also, please make sure to enter the correct Begin and End Dates for the report being submitted, especially if it is a quarterly report.

The FEIN number should be formatted as 99-9999999.

The begin and end dates should be formatted as mm-dd-yyyy. The dashes between the month, day and year are important for the date to be properly formatted. Also, note that the year is formatted for 4 digits (2004). The number of programs reported on the MO_RATES simply identifies how many separate programs (excluding the agency as a whole and 'Other not allocated') will be contained in the report. This is important so the spreadsheet will know how many columns to print out.

In the Actual Costs cell, enter an "A" for actual costs are reported. Enter a "B" if budgeted costs are reported.

In the Quarters Reported cell, enter a 4 for a full year of costs is reported.

In the Type of Ownership cells, place an "X" in the appropriate cell to identify the type of ownership. An "X" should be placed in only one cell.

In the Basis of Maintaining Acctg Records cells, place an "X" in the appropriate cell to identify the basis of maintaining the agency's records. An "X" should be placed in only one cell.

In the Agency Accreditation Completed By cell, enter the name of the body, which has accredited your agency if such an accreditation has occurred.

PROGRAM NAMES

The program names for purposes of the Missouri DSS residential rate analysis have been pre-entered for the first six programs. Programs seven through ten are available for additional reporting.

COSTS

Listed below is a definition for each line of the cost report, along with examples in most cases.

PLEASE NOTE THAT THE TOTAL COSTS ARE REPORTED ON LINES 1 THROUGH 44. THIS INCLUDES NON-REIMBURSABLE EXPENSES. THE NON-REIMBURSABLE EXPENSES ARE AGAIN REPORTED ON LINES 45 THROUGH 48 WHERE THEY ARE DEDUCTED FROM THE TOTAL EXPENSES TO RESULT IN THE NET EXPENSES CALCULATED ON LINE 49.

SECTION 1. DIRECT PROGRAM EXPENSE DEFINITIONS

Direct program expense is that which is caused directly by the personnel and object expenses in a program. It does not include management and general (general and administrative) or other administrative expenses. Similarly, support and ownership costs are reported elsewhere.

Line 1. Program Staff Salaries

Report the accrued salaries of program staff here. Do NOT report contracted staff or consultants on this line.

Examples would include licensed clinical social workers, registered and licensed nurses, child care workers, counselors, and paraprofessional aids. Report on-staff psychologists and physicians here. Teachers should also be reported here.

Contracted program staff, including contracted temporaries should be reported on line 4.

Report the cost of program clerical staff on line 2.

The total salaries reported on the PERSONNEL schedule must match the total reported on Lines 1 and 2 of the Cost report. If these two schedules do not match, the MO_RATES model has a message box that appears informing the user that the two schedules are out of balance. The message box will appear when the model is being saved and when the Check Totals menu option is selected. If the message box appears during the File Saving routine, click on the OK button and the Model will complete the Save routine. Please verify that the PERSONNEL schedule matches the amounts reported on Lines 1 and 2, prior to exporting data.

Note for Medicaid Contracts - The expenses reported on Line 1 must match the amount of salaries reported on lines 31 through 34 on the PERSONNEL schedule. The DSS is requiring all Medicaid substitute care contracts to classify and report their program salaries into the categories of MHP, QMHP, QMRP and RSA.

Line 2. Program Clerical Staff Salaries

The costs of clerical staff to type case notes and otherwise maintain specific client files. General clerical duties not performed specifically for a client should be reported in the administrative cost section.

Generally, an allocation of clerical staff costs based on job duties will be necessary to assign a portion of clerical staff costs to this line.

Contracted staff, including contracted temporaries should be reported on line 4.

Line 3. Program Staff Payroll Taxes and Fringe Benefits

The portion of the cost of payroll taxes and fringe benefits allocated to Program Staff reported in line 1 and 2. These costs include Employee Health and Retirement Benefits paid by an agency under its own or other employee health and retirement benefit plan. Payroll Taxes are the sum of the social security and other taxes payable by the employer under federal, state, or local law. Worker's Compensation Insurance. Other Employee Benefits provided to the employee at employer expense.

Line 4. Program Consultants

Program consultants include those providing the following services: Vocational Services, Academic Instruction, Speech and Language Services, Occupational and Physical Therapy, Psycho/Social Services, Medical Care, Recreational Services and Habilitation/Personal Care.

The amount reported on Line 4 must match the total amount of costs reported on the contractual worksheet. If these two amounts do not match, an error box will appear on the screen during the Save routine and during the Check Totals routine.

Line 5. Consumer Wages and Fringe Benefits

This represents the cost of paying wages and benefits to clients enrolled in the program. This should not be confused with Specific Assistance costs, which are reported elsewhere.

Line 6. Medicine and Drugs

The costs of medicine and drug supplies which are later separately reimbursed by Medicaid or other State agency should also be reported on line 47 'Non-reimbursable Expenses, Other'.

Line 7. All Other Direct Service Equipment and Supplies

The cost of program related materials and other supplies used by an agency. Items costing more than \$500 with a useful life of more than one year must be capitalized and depreciated. Such depreciation costs would be reported on line 27.

Line 8. Staff Transportation

The object cost of operating vehicles associated with the travel of staff to or from client visits, court appearances, collateral contacts, offsite counseling/homemaker sessions or other similar activities. The costs may include vehicle insurance, license plates, gasoline and repairs and maintenance, or mileage reimbursement for use of personal cars.

Line 9. Client Transportation

The object cost of operating vehicles associated with transporting clients to parental visits, court appearances, counseling/therapy sessions or other similar activities. The costs may include vehicle

insurance, license plates, gasoline and repairs and maintenance, or mileage reimbursement for use of personal cars. Transportation costs which could be reasonably reported on either line 8 or 9 should be reported on line 9.

Line 10. Transportation To/From School

Solely the cost of transporting children to or from school. This line would typically be completed only for programs operating a day or boarding school. On the previous version of the MO RATES, this cost was not reported separately except to the Purchased Care Review Board

Line 11. Direct Service Staff Conferences and Conventions

The costs incurred through participation of program staff in training programs. The cost of conferences and conventions may be included here if agency program staff were participating.

Line 12. Program Insurance

The costs of all liability, malpractice, personal injury and other types of insurance not reported as property insurance or as employee benefits. The expense of malpractice insurance covering employees, consultants, and members of the board of directors while working in funded programs is allowable.

Amounts paid for key-man life insurance and unallowable malpractice (Unallowable malpractice insurance costs are those costs for covering individuals when working outside the funded program.) should be reported here. They should also be reported on line 47.

Line 13. Direct Client Specific Assistance

The object cost of providing individual clients with special needs where the items purchased become the property of the individual rather than the agency. Client allowances are also reported here.

Line 14. Telecommunications Costs Assigned to Program

The portion of the total telephone expense that is associated with utilization by either clients in their living quarters or by direct service staff. The remaining portion of the total telephone costs is reported in the Administrative Expense section.

Line 15. Foster Care Payments

Payments made from the provider agency to the foster parent for foster care services. This is commonly referred to as the 'Board Payment'.

Line 16. Other (specify)

Other program costs not logically reported in the above lines. "Other (specify)" can be typed over to identify the expense category.

Line 17. Total Program Expenses

The total of lines 1 through 16. The amount displayed in this cell is calculated by the spreadsheet. The cell is protected and cannot be changed.

SECTION 2. SUPPORT EXPENSE DEFINITIONS

Support expenses are all costs that are associated with providing meals and housekeeping services.

Line 18. Support Salaries

The accrued salary cost associated with dietary, laundry, housekeeping and security staff. Do NOT report contracted staff or consultants on this line. Contracted staff are reported on line 22.

Line 19. Support Staff Payroll Taxes and Fringe Benefits

The portion of the cost of payroll taxes and fringe benefits allocated to Support Staff reported in line 18. These costs include Employee Health and Retirement Benefits paid by an agency under its own or other employee health and retirement benefit plan. Payroll Taxes are the sum of the social security and other taxes payable by the employer under federal, state, or local law. And, Worker's Compensation Insurance

Line 20. Dietary Supplies

Costs included here would be those supplies related to food and beverages, and other kitchen supplies. Non-capitalized kitchen equipment expensed within the guidelines should also be included here.

Line 21. Housekeeping and Laundry Supplies

Costs included here would be housekeeping supplies and laundry and linen supplies.

Line 22. Other (specify)

Include contracted support services. This could typically include contracted food services or contracted housekeeping staff. "Other (specify)" can be typed over to identify the expense category. Other support costs not logically reported in the above lines.

Line 23. Total Support Expense

The total of lines 18 through 22. The model calculates the amount displayed in this cell. The cell is protected and cannot be changed.

SECTION 3. OCCUPANCY EXPENSE DEFINITIONS

Occupancy expenses are all costs arising from an agency's occupancy and use of land, buildings and offices. This includes maintenance salaries, depreciation on buildings, interest and lease costs.

All comprehensive hazard insurance including property liability insurance is here. To the degree possible, staff liability costs included in umbrella policies should not be reported under occupancy, but on line 12, 'Program Insurance'.

Line 24. Occupancy Salaries

The salaries and wages earned by an agency's regular employees (full or part-time and by temporary employees) providing facility maintenance and related services. These staff is employees who make repairs and generally keep the physical plant in operating condition including engineers.

Do NOT report contracted staff or consultants on this line. Contracted maintenance staff should be reported on line 34 below.

Salaries and wages should include vacation, holiday, or sick pay, and any employee authorized deductions. As previously stated, do not include the amount paid to consultants and others engaged on a contractual basis.

Line 25. Occupancy Payroll Taxes and Fringe Benefits

The portion of the cost of payroll taxes and fringe benefits allocated to Maintenance Staff. These costs include Employee Health and Retirement Benefits that is the amount paid by an agency under its own or other employee health and retirement benefit plan. Payroll Taxes are the sum of the social security and other taxes payable by the employer under federal, state, or local law. Worker's Compensation Insurance. In addition, other Employee Benefits including any other benefits provided to the employee at employer expense.

Line 26. Building and Equipment Operations and Maintenance

The general physical plant operation and maintenance costs. Typically, this would include the following object costs: Janitorial and Other Maintenance Supplies Building and Grounds Maintenance Supplies Equipment Maintenance Electricity, and, Utilities Property / Building Insurance.

Line 27. Vehicle Depreciation

The cost of vehicle purchases less applicable salvage value over their established useful lives. (Usually over a 3-year period.) If you used an accelerated depreciation method, the dollar amount of the accelerated depreciation, which exceeds the amount that would be calculated using the straight-line method, should be reported on line 47 in the non-allowable cost section.

Line 28. All other Depreciation and Amortization

The allocation of the cost of physical assets over their established useful lives. (Note that vehicle depreciation is reported separately on line 27 above.) Provision for depreciation is intended to spread

the cost of such assets over the periods their use benefits the program or supporting activities of the agency. If you used an accelerated depreciation method, the dollar amount of the accelerated depreciation, which exceeds the amount that would be calculated using the straight-line method, should be reported on line 47 in the non-allowable cost section.

Line 29. Vehicle Rent

The cost of rented or leased vehicles.

Line 30. All other Lease/Rent/Taxes

The cost of leasing property and equipment excluding vehicle rent expenditures reported on line 29 above. Property taxes are also reported on this line.

Line 31. Equipment under \$500

Expensed Building Equipment and Furnishings (Assets costing more than \$500 must be capitalized.)

Line 32. Mortgage and Installment Interest

Mortgage and installment interest is the cost of borrowing money for long term building needs. Note that the interest costs on funds borrowed for construction incurred during the construction period must be capitalized as a part of the building cost and depreciated over the life of the building. (Operating interest is reported on line 33 below.)

Line 33. Operating Interest

Operating interest is the cost of money borrowed to meet short term recurring spending needs such as payroll, telephone bills etc. (Non-operating interest is reported on line 32 above.)

Line 34. Other (specify)

Includes all ownership costs not identified above. This would include but is not limited to contracted facility maintenance and related services as well as required mortgage insurance. These contractors make repairs and generally keep the physical plant in operating condition including contracted engineers. "Other (specify)" can be typed over to identify the expense category.

Line 35. Total Occupancy Expense

The total of lines 24 through 34. The model calculates the amount displayed in this cell. The cell is protected and cannot be changed.

SECTION 4. ADMINISTRATIVE EXPENSE DEFINITIONS

Administrative expenses include direct program administration costs plus management and general costs. Program administration costs are those expenses that are caused by activities not related to an individual case, but related to running the overall program (and distinguished from support and occupancy costs). Management and general costs are defined below.

Line 36. Administrative Salaries

The accrued salaries and wages earned by all administrative, managerial office and clerical employees (except for those clerical employees reported on line 2 in the program section). Typical positions include the administrator, assistant administrator, accountants/bookkeepers and administrative clerical titles. Do NOT report contracted staff or consultants on this line. Contracted staff, including contracted temporaries should be reported on line 38.

Line 37. Administrative Payroll Taxes and Fringe Benefits

The portion of the cost of payroll taxes and fringe benefits allocated to Administrative Staff reported in line 36. These costs include Employee Health and Retirement Benefits paid by an agency under its own or other employee health and retirement benefit plan. Payroll Taxes are the sum of the social security and other taxes payable by the employer under federal, state, or local law. Worker's Compensation Insurance. And, Other Employee Benefits provided to the employee at employer expense.

Line 38. Administrative Consultants

Administrative consultants would include those fulfilling the following administrative functions: administrator, assistant administrator, accountants/bookkeepers and administrative clerical titles.

Line 39. Telecommunications Costs - Not Assigned to Program

The administrative telecommunications costs. This would include all telephone expenses that are not associated with utilization by either clients in their living quarters or by direct service staff.

The portion of the total telephone expense that is associated with utilization by either clients in their living quarters or by direct service staff is reported on line 14 in the program cost section.

Line 40. Office Supplies & Equipment

The costs of administrative office supplies and expensed equipment. The cost associated with staff recruiting activities should be reported on this line. The costs of conferences and conventions primarily benefiting administrative staff should also be reported on this line.

Line 41. Allocation of Management and General (G&A)

Management and General (also referred to as General and Administrative) expenses are those administrative expenses that are not part of any one program, but are caused by services to all programs run by an agency. Examples are the salaries of executive staff in a large agency, business office expense, and the non-personnel expenses for those people (such as the cost of the office space and telephones those people use).

Because management and general expense is a separate category, it is reported separately in an audit which breaks out expense by program. Audits treat it like a separate program.

Management and general expenses must be allocated to programs in proportion to the management and general services received by each program. This is done by an allocation method. Acceptable allocation methods include: (1) time studies in which people report the proportion of time spent on each program, and, (2) a formula: the proportion of direct service salaries and fringe benefits in all direct programs. This formula apportions or allocates a fair share of management and general costs to each program. Unacceptable methods include: guessing, units of service in this program divided by units of service in all programs, and allocation of management and general expenses to the programs where they will most likely be paid by the State.

Alternative Method of Reporting Management and General Costs

As an alternative to reporting management and general costs in this line, the costs that comprise management and general may be allocated vertically to the various line items. As an example, the rental cost of the business office that may be a component of total management and general costs could be alternatively reported on line 30 'All Other Lease/Rent/Taxes'. Likewise the other costs that comprise management and general costs could be similarly allocated among the line items.

Any allowable related party costs should be reported here. Please refer to the non-allowable cost definitions for a complete definition of allowable and non-allowable related party costs.

Line 42. Other (specify)

All other administrative costs not already reported. Included here would be: subscriptions and reference materials, postage and shipping, outside printing and artwork, conferences, conventions and meetings not reported in line 11, moving and recruiting, and office supplies.

The allowable portion of membership dues is also reported here. Please refer to the non-allowable cost instructions for the criteria under which a portion of membership dues may be allowable. "Other (specify)" can be typed over to identify the expense category.

Line 43. Total Administrative Expenses

The total of lines 36 through 42. The model calculates the amount displayed in this cell. The cell is protected and cannot be changed.

Line 44. Total Expenses (Sum Lines 17, 23, 35, 43)

The total reported expenses. The model calculates the amount displayed in this cell. The cell is protected and cannot be changed.

PLEASE NOTE THAT THESE ARE THE TOTAL COSTS. THIS INCLUDES NONREIMBURSABLE EXPENSES. THE NON-REIMBURSABLE EXPENSES ARE AGAIN REPORTED ON LINES 45 THROUGH 48 WHERE THEY ARE DEDUCTED FROM THE TOTAL EXPENSES TO RESULT IN THE NET EXPENSES CALCULATED ON LINE 49.

SECTION 5. NON-REIMBURSABLE EXPENSES

This section describes those items that are classified as non-reimbursable by the State of Missouri. These costs have already been reported on lines 1 through 44. They should again be reported in the non-reimbursable costs section.

Line 45: Costs of Production and Workshop Client Wages Included Above

Costs of production include any costs incurred for the sale of goods and services. Costs of production include staff salaries and wages, staff fringe benefits, client salaries and wages, client fringe benefits, consultants, contractual workers, consumable supplies, occupancy, transportation, expensed equipment purchases, lease/rent, interest, depreciation, and other miscellaneous expenses. Cost of production may be reported in Regular Work, Vocational Development, and Developmental Training. The portion of expenses that have already been reported that fall within this classification should also be reported here.

For State funded vocational programs or developmental training (DT) programs, the expense of clients' wages is not reimbursable when the product or service is salable. Client wages and fringe benefits, if any, which are not related to the salable products and services may be reported on line 16 'Program Expenses, Other'.

Line 46. Fund Raising Activities

The state does not consider revenues from or the costs of fund raising activities in calculating rates.

Line 47. Other Unallowed Costs

THE FOLLOWING LISTS OF COSTS ARE NOT REIMBURSED BY THE STATE. THEY SHOULD BE REPORTED, UNLESS OTHERWISE SPECIFIED BELOW, IN AGGREGATE ON LINE 47 OF THE COST REPORT. These costs have already been reported on lines 1 through 44. They should again be reported in the non-reimbursable costs section and thereby removed from the costs rate calculation.

Insurance

A. Owner or Key-Man Life Insurance: Include on line 46 the expense of any life insurance policy in which the facility is named beneficiary and the life insurance is not generally available to all employees or all professional employees. If employees are provided life insurance proportionate to their salary and the owner or key-man has a policy under this option, that cost will not be reported here. That allowable cost should rather be reported as a fringe benefit in the allowable cost section.

B. Malpractice Insurance: The expense of malpractice insurance covering employees, consultants, and members of the board of directors, while working in funded programs is allowable. Any malpractice insurance expense, which would cover individuals when working outside of the funded program, is not allowable and such expense should be included on line 47.

Non Straight-Line Depreciation

Only straight-line depreciation is allowable for cost reporting and reimbursement calculation purposes. The amount of depreciation costs reported on lines 27 or 28 attributable to an accelerated depreciation method that exceeds the straight-line amounts should be included on line 47.

Legal Fees

The following are non-allowable legal fees: Legal fees incurred on behalf of individual clients unless they are specifically approved by the appropriate state agency. Non-program related activities. Litigation fees against governmental agencies. These non-allowable costs should be reported together on line 46 with other nonreimbursable expenses:

Trust Fees Trust fees are not allowable and should be included on line 47.

Interest Expense The following items of interest expense are not allowable and should be reported on line 47. Interest expense that is not necessary and proper for operation of the agency for rendering service. Funds borrowed for the personal benefit of employees, officers, or owners of the agency. Funds borrowed for investment purposes. And, Interest expense resulting from funds borrowed from related parties.

Intra-Agency Fund Loan Charges

Interest costs on transfers within an agency are not allowable. The related expense should be included on line 47.

Director's Fees

Board of Directors' fees is not allowable and should also be included on line 47. Reasonable expenses for board members to attend board meetings are allowable and should be reported in the allowable cost section within 'Other Administration'.

Related Organization Cost Adjustment

Related parties are defined as affiliates of the enterprise; entities for which investments are accounted for by the equity method by the enterprise; trusts for the benefit of employees, such as pension and profit sharing trusts that are managed by or under the trusteeship of management; principal owners of the enterprise; its management; members of the immediate families of principal owners of the enterprise and its management; and other parties with which the enterprise may deal if one party controls or can significantly influence the management or operating policies of the other to the extent that one of the transacting parties might be prevented from fully pursuing its own separate interests. Another party is a related party if it can significantly influence the management or operating policies of the transacting parties or if it has an ownership interest in one of the transacting parties and can significantly influence the other to an extent that one or more of the transacting parties might be prevented from fully pursuing its own separate interests.

The expenses resulting from transactions with related parties and/or parent organizations that are greater than the expense to the related party are not allowable. The unallowable portion of related party costs should be reported on line 47.

Depending upon the funding source, failure to disclose a related party transaction is a violation of either applicable law or rules, and is always a violation of professional ethics. Supporting documentation of related organization costs must be available for review upon request.

Amortization of Pre-Operating/Organizing Expense

Organization and pre-operating costs beyond the allowable levels should be reported on line 47.

Allowable Amortization of Organization and Pre-operating Costs

The cost of organizing the facility prior to operation is allowable only if amortized over at least a five-year period using the straight-line method of amortization. Other pre-operating costs are allowable if amortized (straight-line) over a five year period. Organization costs include those costs that are directly incidental to the formation of a corporation, other form of business or program. Allowable organization costs include such items as legal fees, accounting fees, incorporation fees, expenses of directors, and the expense of direct service staff training immediately prior to opening the program.

Allowable pre-operating expenses are those operating expenses which are incurred in making preparation for rendering client care before the first client is admitted. These costs should be capitalized and amortized over a 5-year period beginning when the first client is admitted.

Facility planning costs such as feasibility and engineering studies, architect fees, consultant fees and provider staff time should be added to the cost of the building and depreciated with other building costs over the estimated useful life of the building. Similarly, interest costs on funds borrowed for construction incurred during the construction period must be capitalized as a part of the building costs and depreciated over the useful life of the building.

Management Consultant Services

Management consultant service expenses are not allowable when:

Provided by employees already on the payroll.

Occurring as a part of pre-operating activities unless the costs are necessary and incidental to the formation of a new corporation, other form of business, or new program and occurred immediately before the opening of the program.

The non-allowable management consultant services should be identified on line 47.

Non-Client Occupancy Expense

Housing of non-clients is generally not allowable. However, if housing is being provided as part of a person's total remuneration package its value should be included as salary or fringe benefits as it is considered allowable. Non-allowable occupancy costs should be included on line 47.

Non-Client Meals

The expense of providing meals to guests and all non-program staff are non-allowable and should be included on line 47.

Printing Expense

Printing expenses that are related to fund-raising activities are non-allowable and should be included on line 47.

Advertising

Only advertising for staff recruitment, the solicitation of bids, and certain types of outreach are allowable.

Advertising related to fund raising activities is not an allowable cost. Any advertising costs for the purpose of increasing utilization are not allowable. Advertising expense for client outreach is allowable only if the licensing authority or major government funding authority requires an outreach component. These non-allowable costs should be included on line 47.

Bad Debts and Collection Fees

Bad debt expense and collection fees are not allowable and should be included on line 47.

Entertainment

Report on line 47 the expense of entertaining with meals, lodging, parties, and other forms of entertainment since it is not allowable. This does not include parties for clients, which are a part of program activity expenses.

Discounts, Allowances, Rebates

Discounts, allowances and rebates received must be deducted from expenses because they represent cost offsets and thus are not allowable. Any reported cost of discounts, allowances and rebates must be included on line 47.

Contributions, Donations, and Awards

All contributions, donations and awards made by the facility are non-allowable. The costs should be included on Line 47. (This refers to the expense of any agency rather than the income.)

Fines, Penalties and Late Fees

All fines, penalties and late fees are non-allowable. As such, they should be included on line 47.

Mortgage and Loan Principal Payment

Mortgage and loan principal payments should NOT be reported in the occupancy section. Expenditures for major asset purchases are disclosed on the cost report through depreciation and interest costs reported on lines 27, 28 and 32.

Research Expenses

Research expenses are not allowable. This does not include the cost of program evaluation that is allowable. Program evaluation is the systematic examination of the effectiveness of specific program activities of the agency and is directed toward assessing the need to modify those activities. Pre-approved research that is a component of the contract is reimbursable. Non-allowable research expenses should be included on line 47.

Contingencies

Contributions to a contingency reserve or any similar provision for unforeseen events are not allowable and should be included on line 47.

Losses on Other Grants and Contracts

If losses on other grants and contracts have been recorded as an expense, they must be included on line 47 together with other non-reimbursable costs. Losses on other grants or contracts are not an allowable expense.

Bidding or Proposal Costs

Expense relating to the development of bids or proposals is not allowable. Bidding or proposal costs should be included on line 47.

Patent/Copyright Cost

Expenses relating to patents and copyrights are non-allowable. They should be included on line 47.

Rented Facility Space

This should not be confused with allowable program rent costs. Unallowable expenses are those that are associated with the rental of any portion of the building to others. Unallowable expenses may include, but are not being limited to, building costs, telephones, utilities, office and janitorial services and supplies, etc. The costs of advertising, bookkeeping, rent collection, etc. which are associated with the rental are also not allowable. Include these non-allowable costs on line 47.

Non-Working Officer's Salary

Include on line 47 the full amount paid to officers working less than an average of one hour per week for the facility.

Compensation to Non-Working Owners

Include on line 47 the full amount paid to owners working less than an average of one hour per week for the facility.

Severance Pay

Severance pay is allowable only if required by contract or written personnel policy. Include any severance pay costs not meeting such requirements on line 47.

Income Taxes

Federal and state income taxes are not allowable expenses. Include these costs on line 47.

Sales Tax

Sales tax on food and other direct client care supplies is generally not allowable. However, sales tax is an allowable expense only for proprietary agencies. Include on line 47 the unallowable cost of sales tax.

Costs for a Period Other Than the Cost-Reporting Period

Costs for a period other than the cost reporting period are not allowable. These costs should be included on line 47.

Costs Resulting from a Sale And Leaseback Transaction

The costs of a leaseback transaction that exceeds the depreciation costs of the asset are not allowable. The costs of the transaction that exceed the depreciation costs of the asset should be included on line 47.

Special Benefits

The cost of benefits provided to owners that is not provided to all full-time employees is not allowable. These costs should be included in line 47.

Legal Retainers

The cost of legal retainers is not allowable. The cost should be included in line 47.

Lobbying and Contributions

The costs associated with lobbying efforts as well as political contributions are not allowable. The cost should be included in line 47.

Costs That Are Separately Reimbursed

This generally refers to supplies and services within a program, which are reimbursed by a funding source other than the State agency responsible for the cost and rate analysis. For example, Medicaid (through Medical Services) often reimburses the cost of drugs prescribed for a client. That amount of the reimbursement from DMS should be reported here as an offset to the total cost reported in line 6.

Other Costs Not Reasonably Related To Services

Other costs reported on the audit report but not reasonably related to program costs should be included on line 47. Examples of these types of other non-allowable costs would include: Theft, non-medicinal alcohol, and luxury autos.

THE FOLLOWING COSTS MAY OR MAY NOT BE REIMBURSED BY THE STATE DEPENDING ON THE FUNDING AGENCY'S RULES AND PROCEDURES.

Assistance to Individuals

Assistance to clients in the form of clothing, allowance, or supplies that become property of the

clients should be reported on line 13. Do NOT report these costs again on line 47. Generally, these items are the responsibility of the parents.

Membership Dues and Fees

Generally, membership dues are not allowable and should be reported on line 47

REVENUE

Revenues are generally broken out by revenue source. PLEASE NOTE THE SEPARATE LINE (13) FOR REPORTING SPECIAL SERVICE FEE FOR INDIVIDUAL CLIENTS' REVENUES.

SECTION 1. FEES & PURCHASE OF SERVICE

Payments made for specific individuals for a specific program/service. Usually for service provided at a specific date and time or continuously over a period of enrollment. Payments may be from a public or private source including units of government, education, individuals, or third-party payers. Includes payments assessed to an individual or family receiving the service such as fees/sliding fees, and assessments against pensions, Social Security, Supplemental Security, food stamps, survivor benefits, insurance, etc. Also includes specific fees for add-on services provided within a larger program context (e.g. add-on fees for one-on-one aides.)

SECTION 2. GRANT REVENUES

Funding awarded toward full or partial support of a specific program/service, or agency, or facility serving an identified or targeted population. Funding may be provided by a public or private source including units of government, education, individuals or foundations.

SECTION 3. CONTRIBUTIONS & OTHER

- A. Contributions, gifts, endowments, transfers of assets, donations of monies, goods, or services. Contributions may be specifically restricted by the donor, or unrestricted.
- B. Revenue from sales of goods and services or assets, income from rental of property to others, income from cafeteria and vending machines.

SECTION 4. INVESTMENT INCOME

Interest earnings on assets and investments including those that are donor restricted as well as those that are restricted.

SECTION 5. NET ASSETS RELEASED FROM RESTRICTION

Assets that were previously restricted which have now converted to discretionary use.

REPORT OF SERVICE UNITS/DAYS/NIGHTS

For Grant funded programs, report Service Unit Type as defined in the grant document. Examples might be: 'Monthly', 'Quarterly', 'Annual', 'Daily', or 'Hourly'. Also for Grant funded programs, report the number of service units provided in total as well as a separate number for DSS only service units.

For programs funded through purchase of service or fees for service, report the actual number of units or days of service delivered in total and for DSS only.

The number of days the program operated is then reported. For example, a program that was in operation for a full year and is reporting a full year of operations would report 365 days. For reporting purposes here, count holidays and weekends as working days.

If the program is licensed and has a licensed capacity, identify the licensed capacity at the beginning of the reporting period and at the end of the reporting period. If a change has occurred in the capacity, the date of the change should be reported. The date of change should be formatted as mm-dd-yyyy. The dashes between the month, day and year are important for the date to be properly formatted. Also, note that the year is formatted for 4 digits (1998).

PERSONNEL

INSTRUCTIONS FOR THE STANDARD SALARY SUPPLEMENTAL SCHEDULE

Position Column

Not all positions at an agency are listed here. The only positions listed are those that are necessary to support rate computations, federal claiming calculations or other data collection needs. Positions not listed should be reported on line 29 only if they are classified as program staff. The totals of all positions reported here should match the total on line 1 and 2 of the Cost schedule.

The position column lists staff positions for which there are a set of uniform job descriptions. The position descriptions are intended to be functional in nature. Therefore, staff reasonably fitting into job descriptions should be reported under the associated position title. The position descriptions are largely based on those used by the United Way of Chicago. A description of each position is included at the end of these instructions.

Total Hours

Record the total number of hours paid and accrued including overtime hours for each position title filled during the year, or any portion thereof. Paid vacation, holidays and sick time are included in the sum of hours paid and accrued. (Because salaried positions are not paid for overtime, record only the non-overtime hours worked.)

Total Amount Paid

Record the total dollars paid and accrued including overtime hours for each position title filled during the year, or any portion thereof. Paid vacation, holidays and sick time are included in the sum of amounts paid and accrued.

For example, assume the following caseworker staffing history for an agency with a standard eight-hour day and 260 working days in a year:

Name	Period on Staff	Work Days	Work Hours	Wages Paid
Craig	7/1/95 - 6/30/96	260	2,080	\$24,960
Tom	7/1/95 - 6/30/96	260	2,080	\$24,960
Andy	4/1/96 - 6/30/96	65	520	\$6,240
Roger	7/1/95 - 10/31/96	87	696	\$8,352
Nyle	7/1/95 - 5/30/96	239	1,912	\$22,944
TOTALS			7,288	\$87,456

In this example, 7,288 hours were paid. The 7,288 would be reported in the 'Total Hours' column. \$87,456 would be reported in the 'Total Amount Paid' column.

Total Head Count

Record the end of year head count in that salary position. Part-time staff or staff allocated between differing positions or programs would be counted more than once. For example, a staff person working mornings in a group home program and afternoons in a counseling program would be counted as 1 in the group home program and 1 in the counseling program. Using the previous example, only Craig, Tom and Andy were present at the end of the reporting period. Therefore, the head count would be reported as 3.

% Allocated

This column is calculated by the software for you based on the proportion of salaries entered across programs.

Salaries and Wages (Under the Program Headings)

Enter the dollars allocated to each program for salary and wage costs under the proper program headings and within the appropriate position description lines. Number of Hours in a Standard Work Week Identify the number hours in a normal workweek. For example, if the work day begins at 8:30 and ends at 5:00 with a one-hour lunch between, the workday is 7 1/2 hours long. Therefore, if the normal workweek consists of 37^{1/2} hours, record 37.5 in this box.

DESCRIPTION OF PROGRAM/CONTRACTUAL STAFF POSITIONS

Audiologist

Report credentialed audiologists on this line.

Behavior Therapist

Worker who develops behavioral therapies and programs usually for direct care workers to carry out. Position may be credentialed. (Licensed, certified, and registered)

Dietary Technician

A worker who carries out special dietary programs and recommendations of dietician, may include food preparation. Does not include direct care workers classified elsewhere.

Dietician

Credentialed worker who assesses dietary needs of individuals and makes dietary and feeding recommendations, designs diets, and dietary programs, monitors dietary programs and their delivery, participates in annual individual habilitation or rehabilitation planning.

Habilitation Aid / Child Care Worker

Workers whose primary functions include the provision of hands-on, face-to-face contact with the clients. This includes day, residential, live-in/sleep-over staff, and respite care workers. It excludes foster parents, managers, supervisors and administrative staff, professional staff who are credentialed (licensed), and production-oriented workers.

Habilitation Professional or Supervisory Staff

Workers not classified elsewhere who are credentialed (licensed, registered, and certified) or whose responsibilities are direct service supervisory.

LPN

Report Registered Licensed Practical Nurses on this line.

Mental Health Professional (MHP)

Provides services under the supervision of a qualified mental health professional. The mental health professional must possess a bachelor's degree, a practical nurse license, or have a minimum of five years experience in mental health or human services.

Occupational Therapist

Report Registered Credentialed Occupational Therapist on this line.

Physical Therapist

Report Registered Credentialed Physical Therapist on this line.

Physician

Report Registered Credentialed Physician on this line

Principal

Report the Chief administrator of the education program on this line.

Program Director

Overall program director. Depending on size and structure of the agency, this person may function only as an administrator or may also have direct programmatic duties, such as counselors' supervisor, utilization review, case review, and may carry a clinical caseload. Costs may therefore be split between program and administration lines in the expense reports. If there is a programmatic

function performed by this person, then the associated hours and wages allocated to program functions are to be reported here.

Program Clerical Staff

Clerical staff that performs clinical record keeping, client appointment tracking, and case note typing, and filing.

Psychiatrist

Report Registered Credentialed Psychiatrist on the Psychologist line.

Psychologist

Report Registered Credentialed Psychologist on the Qualified Mental Health Professional (QMHP) line, which would include the following:

- A. A physician licensed to practice medicine or osteopathy with training in mental health services or 1 year of clinical experience, under supervision, in treating problems related to mental illness, or specialized training in the treatment of children and adolescents.
- B. A psychiatrist who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association, or other training program identified as equivalent by the State of Missouri.
- C. A licensed psychologist with specialized training in mental health services.
- D. A licensed social worker possessing a master's or doctoral degree in social work with specialized training in mental health services.
- E. A licensed registered nurse with at least 1 year of clinical experience in a mental health setting or a Master's Degree in psychiatric nursing.
- F. A registered occupational therapist with at least 1 year of clinical experience in a mental health setting.
- G. An individual possessing a master's or doctoral degree in counseling and guidance, rehabilitation counseling, or family therapy, or related field, who has successfully completed a practicum and / or internship which includes a minimum of 1,000 hours, or who has one year of clinical experience under the supervision of a qualified mental health professional, or who is a licensed social worker holding a master's degree with 2 years of experience in mental health services.

Qualified Mental Retardation Professional (QMRP)

A QMRP must have at least 1 year of experience working directly with individuals with mental retardation or other developmental disabilities and be one of the following:

- A. A licensed doctor of medicine or osteopathy.
- B. A licensed registered nurse.
- C. A certified occupational therapist or occupational therapist assistant.
- D. A certified physical therapist.

- E. A registered physical therapist assistant or a graduate of a 2-year college-level program approved by the American Physical Therapy Association or comparable body.
- F. A psychologist with at least a master's degree in psychology from an accredited school.
- G. A social worker with a bachelor's degree from a college or university or graduate degree from a school of social work accredited or approved by the Council on Social Work Education or other comparable body.
- H. A speech-language pathologist or audiologist with a certificate of Clinical Competence in Speech-Language Pathology or Audiology granted by the American Speech Language Hearing Association or comparable body or meeting the education requirements of licensure and be in the process of accumulating the supervised experience required for licensure.
- I. A professional recreation staff person with a bachelor's degree in recreation or in a specialty area such as art, dance, music or physical therapy.
- J. A professional dietician registered by the American Dietetics Association. Or,
- K. A human services professional with a bachelor's degree in a human services field, including, but not limited to, sociology, special education, rehabilitation counseling or psychology.

Rehabilitative Services Associate (RSA)

Assists in provision of services in accordance with MRO Rules, Sections 132.155 and 132.170. Must be at least 21 years old, have demonstrated skills in the field of services to children, have demonstrated ability to work within agency structure and accept supervision, have demonstrated ability to work constructively with clients, other providers and the community.

Recreation Staff

Report Recreation Director and Staff on this line.

RN

Report Registered Credentialed Nurse on this line

Social Worker

A licensed social worker possessing a master's or doctoral degree in social work with responsibility for application of social work skills.

Speech Therapist

Report Registered Credentialed Speech Therapist on this line.

Substance Abuse Counselor/Professional

Holds clinical certification as a Certified Alcohol and Drug Counselor and meets the requirements of Rule 2060.309 et seq.

Substance Abuse Paraprofessional

Direct service worker (e.g. counselor trainee, intake worker, night coverage in residential Rehabilitation) under supervision of the Substance Abuse Professional defined above.

Teacher

Teaches and works with children in an appropriate setting designed for the educational, social, and emotional development of children.

Teacher Aide

Staff working under the direct supervision of the teacher(s). Performs duties related to the care of children and operation of classrooms. May have limited responsibility for instruction.

Vocational Staff

Staff working in vocational training and education areas not producing goods or services for sale.

Other Academic

Those education or academic positions not better classified elsewhere.

Other Medical Care

Those medical positions not better classified elsewhere.

Other Habilitation/Rehabilitation

Those habilitation or rehabilitation positions not better classified elsewhere.

Other Substance Abuse

Those substance abuse positions not better classified elsewhere. Lines 31 through 34 are to be completed for Medicaid certified programs only. The definitions for these staff positions are included in the above listing. Note: The expenses reported on Line 31 through 34 must match the amount of salaries reported on line 1 of the COST schedule. All Medicaid residential care contracts must classify and report their program salaries into the categories of MIHP, QMIHP, QMRP and RSA.

INSTRUCTIONS FOR THE STANDARD CONSULTANT AND CONTRACTUAL SUPPLEMENTAL SCHEDULE

This schedule is completed similarly to the Standard Salary Supplemental Schedule. However, the headcount information is not requested. The total amount must equal line 4 of the COST schedule.

AUTHORITY: section 207.020, RSMo 2000. Emergency rule filed Jan. 16, 2004, effective Jan. 26, 2004, expired July 23, 2004. Original rule filed Jan. 16, 2004, effective Aug. 30, 2004. Emergency amendment filed Sept. 22, 2004, effective Oct. 2, 2004, expired March 30, 2005. Amended: Filed Sept. 22, 2004, effective March 30, 2005. Emergency amendment filed June 15, 2005, effective July 1, 2005, expires Dec. 27, 2005. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 2—General Scope of Medical Service Coverage

EMERGENCY RESCISSION

13 CSR 70-2.020 Scope of Medical Services for General Relief Recipients. This rule provided for the scope of medical services which were covered by the Medicaid program for general relief assistance recipients.

PURPOSE: This rule is being rescinded because the eligibility category general relief, which granted Medicaid coverage to unemployed adults because of temporary or permanent disabilities, was not funded by the Missouri General Assembly beginning July 1, 2005.

EMERGENCY STATEMENT: This emergency rescission is necessary because the Missouri General Assembly did not appropriate money to make payments for medical assistance on behalf of those individuals who receive general relief benefits. Current state statute, section 208.162, RSMo 2000, requires "payments shall be prorated within the limits of the appropriation." This emergency rescission must be implemented on a timely basis, at the beginning of the state fiscal year, to ensure that the \$13.2 million, that had been spent for medical services for general relief recipients, is available to provide services for the most needy Missourians for whom the 93rd General Assembly appropriated funds. A proposed rescission, which covers the same material, is published in the July 15, 2005 issue of the *Missouri Register*. The scope of this emergency rescission is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. The Division of Medical Services believes this emergency rescission is fair to all interested persons and parties under the circumstances. This emergency rescission was filed June 7, 2005, effective July 1, 2005, expires December 27, 2005.

AUTHORITY: section 207.020, RSMo 1986. This rule was previously filed as 13 CSR 40-81.181. Emergency rule filed July 15, 1981, effective Aug. 1, 1981, expired Oct. 10, 1981. Original rule filed July 15, 1981, effective Oct. 11, 1981. Amended: Filed April 17, 1987, effective Sept 11, 1987. Emergency rescission filed June 7, 2005, effective July 1, 2005, expires Dec. 27, 2005. A proposed rescission covering this same material is published in this issue of the *Missouri Register*.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 4—Conditions of Recipient Participation, Rights and Responsibilities

EMERGENCY AMENDMENT

13 CSR 70-4.090 Uninsured [Parents'] Women's Health [Insurance] Program. The division is deleting sections (1), (3),

(4), and (5), amending the rule title, the Purpose section and sections (2), (6), and (7) and renumbering sections as needed.

PURPOSE: This amendment eliminates payment for medical services for individuals losing extended transitional medical assistance from the Uninsured Parents' Health Insurance Program.

PURPOSE: This rule establishes the Uninsured [Working Parents'] Women's Health [Insurance] Program. This program will provide payment for [health care coverage] women's health services for uninsured[, low income, working parents leaving welfare for work thereby reducing future dependence on welfare and reducing] women who do not qualify for other medical assistance benefits, and would lose their Medicaid eligibility sixty (60) days after the birth of their child or sixty (60) days after a miscarriage, in order to reduce the possibility of a family's future dependence on welfare as authorized pursuant to section 208.040, RSMo. The program is also authorized pursuant to the award of the Missouri State Medicaid Section III5 Health Care Reform Demonstration Proposal approved by the [Health Care Financing Administration] Centers for Medicare and Medicaid Services.

EMERGENCY STATEMENT: Missouri's economic status requires emergency measures to contain cost wherever feasible. In order to meet SFY 2006 projected revenues, the 93rd General Assembly, in House Bill 11, approved savings. The 93rd General Assembly, House Bill 11, eliminated medical services for individuals receiving extended transitional medical assistance beginning July 1, 2005. State authority for the Division of Medical Services to make payments for medical services for individuals receiving extended transitional medical assistance is through appropriation. Promulgation of this emergency amendment is necessary to preserve the compelling governmental interest to achieve a balanced state budget for SFY 2006. Since the division has no state authority other than appropriation authority to make payments to individuals receiving extended medical assistance and now that authority has been removed from the State Fiscal Year 2006 budget beginning July 1, 2005, the division must act immediately to eliminate payments for individuals receiving extended transitional medical assistance. This emergency amendment must be implemented on a timely basis, at the beginning of the state fiscal year, to ensure that the \$3.1 million, that had been spent for medical services for individuals eligible for extended transitional medical assistance, is available to provide services for the most needy Missourians for whom the 93rd General Assembly did appropriate funds. A proposed amendment, which covers the same material, is published in this issue of the *Missouri Register*. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri and United States Constitutions*. The division believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed June 7, 2005, effective July 1, 2005, expires December 27, 2005.

[(1) Definitions.

(A) Health insurance. Any hospital and medical expense incurred policy, nonprofit health care service for benefits other than through an insurer, nonprofit health care service plan contract, health maintenance organization subscriber contract, preferred provider arrangement or contract, or any other similar contract or agreement for the provision of health care benefits. The term "health insurance" does not include short-term, accident, fixed indemnity, limited benefit or credit insurance coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical-payment insurance, or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be

contained in any liability insurance policy or equivalent self-insurance.

(B) *Co-payment.* A cost-sharing arrangement in which a covered person pays a specified charge for a specified service, such as ten dollars (\$10) for a professional service.

(C) *Parents.* For purposes of this regulations the term parents refers to biological or adoptive parent(s).]

[(2)](1) *[The following uninsured individuals]* **Uninsured women who do not qualify for other medical assistance benefits, and would lose their Medicaid eligibility sixty (60) days after the birth of their child or sixty (60) days after a miscarriage, shall be eligible to receive medical services to the extent and in the manner provided in this regulation.:**

(A) *Individuals losing transitional medical assistance (TMA) who would not otherwise be insured or Medicaid eligible, with net income at or below one hundred percent (100%) of the federal poverty level for the household size—*

1. *Eligibility for the Uninsured Parents' Health Insurance Program for individuals losing TMA ends twelve (12) months after TMA eligibility ends; and*

2. *After coverage ends, the individuals with a child eligible for MC+ have the option of staying in the MC+ health plan, where managed care is available, if the parents pay the cost of the state's cost for the time period covered by the Missouri Medicaid Section 1115 Health Care Reform Demonstration Proposal as approved by the Health Care Financing Administration;*

(B) *Uninsured women who do not qualify for other medical assistance benefits, and would lose their Medicaid eligibility sixty (60) days after the birth of their child or sixty (60) days after a miscarriage, will continue to be eligible for [family planning and limited testing of sexually transmitted diseases (EWH),] women's health services only, regardless of income, for twelve (12) consecutive months. Women's health services are defined as: pelvic exams and pap tests, sexually transmitted disease testing and treatment (the treatments of medical complications occurring from the sexually transmitted disease are not covered for this program), family planning counseling/education on various methods of birth control, United States Department of Health and Human Services approved methods of contraception including sterilization and x-ray services related to the sterilization, and drugs (excluding antiretrovirals), supplies or devices related to the women's health services described in this rule when they are prescribed by a physician or advanced practice nurse, subject to the national drug rebate program requirements.*

[(3) *Beneficiaries covered in section (2) of this rule shall be eligible for service(s) from the date their application is received. No service(s) will be covered prior to the date the application is received.]*

[(4) *The following services are covered for beneficiaries of the Uninsured Parents' Health Insurance Program if they are medically necessary:*

(A) *Inpatient hospital services;*

(B) *Outpatient hospital services;*

(C) *Emergency room services;*

(D) *Ambulatory surgical center, birthing center;*

(E) *Physician, advanced practice nurse, and certified nurse midwife services;*

(F) *Maternity benefits for inpatient hospital and certified nurse midwife. The health plan shall provide coverage for a minimum of forty-eight (48) hours of inpatient hospital services following a vaginal delivery and a minimum of ninety-six (96) hours of inpatient hospital services following a cesarean section for a mother and her newly born child in a hospital or any other health care facility licensed to provide*

obstetrical care under the provision of Chapter 197, RSMo. A shorter length of hospital stay for services related to maternity and newborn care may be authorized if a shorter inpatient hospital stay meets with the approval of the attending physician after consulting with the mother and is in keeping with federal and state law. The health plan is to provide coverage for post-discharge care to the mother and her newborn. The physician's approval to discharge shall be made in accordance with the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, or similar guidelines prepared by another nationally recognized medical organization and be documented in the patient's medical record. The first post-discharge visit shall occur within twenty-four (24) to forty-eight (48) hours. Post-discharge care shall consist of a minimum of two (2) visits at least one (1) of which shall be in the home, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with experience in maternal and child health nursing or a physician. The location and schedule of the post-discharge visits shall be determined by the attending physician. Services provided by the registered professional nurse or physician shall include, but not be limited to, physician assessment of the newborn and mother, parent education, assistance and training in breast or bottle feeding, education and services for complete childhood immunizations, the performance of any necessary and appropriate clinical tests and submission of a metabolic specimen satisfactory to the state laboratory. Such services shall be in accordance with the medical criteria outlined in the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, or similar guidelines prepared by another nationally recognized medical organization. If the health plan intends to use another nationally recognized medical organization's guidelines, the state agency must approve prior to implementation of its use;

(G) *Family planning services;*

(H) *Pharmacy benefits;*

(I) *Dental services to treat trauma;*

(J) *Laboratory, radiology and other diagnostic services;*

(K) *Prenatal case management;*

(L) *Hearing aids and related services;*

(M) *Eye exams and services to treat trauma or disease (one (1) pair of glasses after cataract surgery only);*

(N) *Home health services;*

(O) *Emergent (ground or air) transportation;*

(P) *Non-emergent transportation only for members in ME Code 78 Parents' Fair Share;*

(Q) *Mental health and substance abuse services;*

(R) *Services of other providers when referred by the health plan's primary care provider;*

(S) *Hospice services;*

(T) *Durable medical equipment (including but not limited to: orthotic and prosthetic devices, respiratory equipment and oxygen, enteral and parenteral nutrition, wheelchairs and walkers, diabetes supplies and equipment);*

(U) *Diabetes self-management training for persons with gestational, Type I or Type II diabetes;*

(V) *Services provided by local health agencies (may be provided by the health plan or through an arrangement between the local health agency and the health plan)—*

1. *Screening, diagnosis, and treatment of sexually transmitted diseases;*

2. *HIV screening and diagnostic services;*

3. *Screening, diagnosis, and treatment of tuberculosis; and*

(W) *Emergency medical services.* Emergency medical services are defined as those health care items and services furnished or required to evaluate or stabilize a sudden and unforeseen situation or occurrence or a sudden onset of a medical or mental health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the failure to provide immediate medical attention could reasonably be expected by a prudent lay person, possessing average knowledge of health and medicine, to result in:

1. Placing the patient's health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or
2. Serious impairment of bodily functions; or
3. Serious dysfunction of any bodily organ or part; or
4. Serious harm to a member or others due to an alcohol or drug abuse emergency; or
5. Injury to self or bodily harm to others; or
6. With respect to a pregnant woman who is having contractions: a) that there is inadequate time to effect a safe transfer to another hospital before delivery; or b) that transfer may pose a threat to the health or safety of the woman or the unborn child.]

[(5) Individuals losing TMA shall owe a ten dollar (\$10) co-payment for certain professional services and a five dollar (\$5) co-payment in addition to the recipient portion of the professional dispensing fee for pharmacy services required by 13 CSR 70-4.051.

(A) Providers may request payment of the mandatory co-payment(s) prior to or after service delivery.

(B) The co-payment amount shall be deducted from the Medicaid maximum allowable amount for fee-for-service claims reimbursed by the Division of Medical Services.

(C) Service(s) may not be denied for failure to pay the mandatory co-payment(s).

(D) When a mandatory co-payment is not paid, the Medicaid provider will have the following options:

1. Forego the co-payment entirely;
2. Make arrangements for future payment with the recipient; or
3. File a claim with the Division of Medical Services to report the non-payment of the mandatory co-payment(s) and secure payment for the service from the Division of Medical Services.

(E) When the Division of Medical Services receives a claim from a Medicaid fee-for-service provider for non-payment of the mandatory co-payment, the division shall send a notice to the recipient—

1. Requesting that the recipient reimburse the Division of Medical Services for the mandatory co-payment made on their behalf;
2. Requesting information from the recipient to determine if the mandatory co-payment was not made because there has been a change in the financial situation of the family; and
3. Advising the recipient of the possible loss of coverage for up to six (6) months if the recipient fails to pay three (3) co-payments in one (1) year.

(F) The recipient will be allowed fourteen (14) calendar days to respond. If the recipient indicated there has been a change in the financial situation of the family, the state shall redetermine eligibility—

1. If the eligibility redetermination places the recipient in a non-mandatory co-payment category, there will be no co-payment due; or
2. If the eligibility redetermination does not place the recipient in a non-mandatory co-payment category another notice will be sent to the recipient about the mandatory co-

payment provision of the program which shall include the number of co-payments that have not been paid and how many may not be paid before a recipient is terminated from the program.

(G) Notice of non-payment of mandatory co-payment(s) sent to the recipient during the course of a year shall establish a pattern of not meeting the mandatory cost sharing requirement of the program. The process to terminate eligibility shall proceed with the third failure to pay a mandatory co-payment in any one (1) year or until one (1) or more of the three (3) delinquent mandatory co-payments is made. Coverage shall begin again only after payment of one (1) or more of the three (3) co-payments or passage of six (6) months time whichever occurs first. Health care coverage shall not be retroactive.

1. A year starts at the time a co-payment is reported not paid to the Division of Medical Services;

2. Payment of a delinquent co-payment or co-payments will eliminate the failure to pay a mandatory co-payment or co-payments.

(H) Recipient(s) shall have access to a fair hearing process to appeal the disenrollment decision.

(I) If the recipient fails to pay the mandatory co-payments three (3) times within a year and is disenrolled from coverage the recipient shall not be eligible for coverage for six (6) months after the department provides notice to the recipient of disenrollment for failure to pay mandatory co-payments or until one (1) or more of the three (3) delinquent mandatory co-payments is paid. Coverage shall begin again only after payment of one (1) or more of the three (3) co-payments or passage of six (6) months whichever occurs first. Coverage shall not be retroactive.]

[(6)](2) Uninsured women who do not qualify for other benefits, and would lose their Medicaid eligibility sixty (60) days after the birth of their child or sixty (60) days after a miscarriage are not required to pay a co-payment for **women's health** services.

[(7)](3) The Department of Social Services, Division of Medical Services shall provide for granting an opportunity for a fair hearing to any applicant or recipient whose claim for benefits under the Missouri Medicaid Section 1115 Health Care Reform Demonstration Proposal is denied [or disenrollment has been determined] by the Division of Medical Services. There are established positions of state hearing officer within the Department of Social Services, Division of Legal Services in order to comply with all pertinent federal and state law and regulations. The state hearing officers shall have authority to conduct state level hearings of an appeal nature and shall serve as direct representative of the director of the Division of Medical Services.

AUTHORITY: sections 208.040, RSMo Supp. [2001] 2004 and 208.201 and 660.017, RSMo 2000. Emergency rule filed Sept. 13, 1999, effective Sept. 23, 1999, terminated Oct. 15, 1999. Original rule filed Aug. 16, 1999, effective March 30, 2000. Amended: Filed March 29, 2001, effective Oct. 30, 2001. Emergency amendment filed June 7, 2002, effective July 1, 2002, expires/d Dec. 27, 2002. Amended: Filed June 11, 2002, effective Nov. 30, 2002. Emergency amendment filed June 7, 2005, effective July 1, 2005, expires Dec. 27, 2005. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 15—Hospital Program

EMERGENCY AMENDMENT

13 CSR 70-15.110 Federal Reimbursement Allowance (FRA).
The division is adding section (13).

PURPOSE: This amendment will establish the Federal Reimbursement Allowance (FRA) assessment for State Fiscal Year 2006 at five and fifty-four hundredths percent (5.54%).

EMERGENCY STATEMENT: The 93rd General Assembly reauthorized the Federal Reimbursement Allowance (FRA) through September 30, 2006 by enacting House Committee Substitute for Senate Bill (HCS SB) 189. The reauthorization of the FRA requires every hospital as defined by section 197.020, RSMo, except public hospitals which are operated primarily for the care and treatment of mental disorders, and any hospital operated by the Department of Health and Senior Services to pay a federal reimbursement allowance for the privilege of engaging in the business of providing inpatient health care in this state. Because of the need to preserve state revenue, HCS SB 189 was deemed necessary for the immediate preservation of the public health, welfare, peace and safety, and was declared to be an emergency within the meaning of the constitution. HCS SB 189 was signed by the governor May 13, 2005. Because HCS HB 189 contains an emergency clause, its provisions became effective once the governor signed the bill on May 13, 2005. The Division of Medical Services finds that this emergency amendment to establish the FRA assessment rate for State Fiscal Year (SFY) 2006 in regulation, as required by state statute, is necessary to preserve a compelling governmental interest of collecting state revenue to provide health care to individuals eligible for the Medicaid program and the uninsured. An early effective date is required because the emergency amendment establishes the Federal Reimbursement Allowance rate for SFY 2006 in order to collect this state revenue beginning with the first Medicaid payroll for SFY 2006 to ensure access to hospital services for indigent and Medicaid recipients at hospitals which have relied on Medicaid payments in meeting those needs. The Division of Medical Services also finds an immediate danger to public health and welfare which requires emergency actions. If this emergency amendment is not enacted, there would be significant cash flow shortages causing a financial strain on all hospitals which service more than nine hundred thousand (900,000) Medicaid recipients. This financial strain will, in turn, result in an adverse impact on the health and welfare of those Medicaid recipients and the uninsured in need of medical treatment. On an annual basis the FRA raises approximately \$709,765,443. A proposed amendment, which covers the same material, is published in this issue of the *Missouri Register*. This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the *Missouri* and *United States Constitutions*. The Division of Medical Services believes this emergency amendment to be fair to all interested parties under the circumstances. The emergency amendment was filed June 7, 2005, effective June 17, 2005, expires December 13, 2005.

(13) Federal Reimbursement Allowance (FRA) for State Fiscal Year 2006. The FRA assessment for State Fiscal Year (SFY) 2006 shall be determined at the rate of five and fifty-four hundredths percent (5.54%) of the hospital's total operating revenue less tax revenue/other government appropriations plus non-operating gains and losses as published by the Missouri Department of Health and Senior Services, Section of Health Statistics. The base financial data for 2002 will be annualized, if necessary, and will be adjusted by the trend factor listed in 13 CSR 70-15.010(3)(B) to determine revenues for the current state fiscal year. The financial data that is submitted by the hospitals to the Missouri Department of Health and Senior Services is required as part of 19 CSR 10-33.030 Reporting Financial Data by Hospitals. If the pertinent information is not available through the Department of Health and Senior Services' hospital database, the Division of Medical Services will use the Medicaid data similarly defined

from the Medicaid cost report that is required to be submitted pursuant to 13 CSR 70-15.010(5)(A).

AUTHORITY: sections 208.201, 208.453 and 208.455, RSMo 2000. Emergency rule filed Sept. 21, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Emergency rule filed Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed June 7, 2005, effective June 17, 2005, expires Dec. 13, 2005. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program**

EMERGENCY AMENDMENT

19 CSR 60-50.430 Application Package. The Committee proposes to amend paragraph (4)(C)1. and section (6).

PURPOSE: This rule is amended because the Missouri CON Rulebook has been updated to include the 2010 population projections just released that are necessary to incorporate five (5)-year planning horizons.

EMERGENCY STATEMENT: This emergency amendment is necessary to preserve a compelling governmental interest in health care cost containment. It requires rewriting the CON rules in order to replace the 2005 outdated population information with the 2010 population projections. The CON statutes, sections 197.300 to 197.366, RSMo, were enacted to ensure the preservation of health care access, the prevention of unnecessary duplication, the containment of health care costs, and the reasonable distribution of health services in Missouri.

Therefore, the Missouri Health Facilities Review Committee (Committee) files this emergency amendment because it is necessary for the immediate preservation of the public health, safety, and welfare and to ensure health care access at a reasonable cost. The review process requires that applicants develop projects that meet a community need by using objective service area population projections five (5) years ahead that anticipate change by clusters of zip codes which represent the expected market area. These calculations are the foundation of need determination with substantial influence on the Committee's decision to approve or deny a Certificate of Need application.

The Committee believes this emergency amendment to be fair to all interested parties under these circumstances so that the Committee may give clear guidance to health care facilities, physicians, investors, and other prospective applicants for their planning purposes. Failure to immediately update the CON rules to provide reasonable and accurate population statistics for these applications would negatively impact the state's ability to forecast need, create a confusing regulatory environment for health care providers, and impair the Committee's ability to meet needs. The Committee wishes to reduce unnecessary applicant expense and time in the preparation of accurate market area forecasts, and to accurately meet the health care needs of Missouri without unnecessarily increasing health care costs.

This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the *Missouri* and *United States Constitutions*. The Committee finds that an emergency amendment is necessary to preserve health care access, allow health care providers to use the latest objective population statistics, and prevent negative impacts to the public health,

safety, and welfare of the citizens of Missouri. This emergency amendment was filed on June 8, 2005, to become effective on July 1, 2005, and will expire on December 30, 2005.

(4) The Proposal Description shall include documents which:

(C) Proposals for new hospitals, new or additional long-term care (LTC) beds, or new major medical equipment must define the community to be served:

1. Describe the service area(s) population using year [2005/2010] populations and projections which are consistent with those provided by the Bureau of Health Data Analysis which can be obtained by contacting:

Chief, Bureau of Health Data Analysis
Center for Health Information Management and Evaluation
(CHIME)
Department of Health and Senior Services
PO Box 570, Jefferson City, MO 65102
Telephone: (573) 751-6278

There will be a charge for any of the information requested, and seven to fourteen (7-14) days should be allowed for a response from the CHIME. Information requests should be made to CHIME such that the response is received at least two (2) weeks before it is needed for incorporation into the CON application.

2. Use the maps and population data received from CHIME with the CON Applicant's Population Determination Method to determine the estimated population, as follows:

A. Utilize all of the population for zip codes entirely within the fifteen (15)-mile radius for LTC beds or geographic service area for hospitals and major medical equipment;

B. Reference a state highway map (or a map of greater detail) to verify population centers (see Bureau of Health Data Analysis information) within each zip code overlapped by the fifteen (15)-mile radius or geographic service area;

C. Categorize population centers as either "in" or "out" of the fifteen (15)-mile radius or geographic service area and remove the population data from each affected zip code categorized as "out";

D. Estimate, to the nearest ten percent (10%), the portion of the zip code area that is within the fifteen (15)-mile radius or geographic service area by "eyeballing" the portion of the area in the radius (if less than five percent (5%), exclude the entire zip code);

E. Multiply the remaining zip code population (total population less the population centers) by the percentage determined in (4)(C)2.D. (due to numerous complexities, population centers will not be utilized to adjust overlapped zip code populations in Jackson, St. Louis, and St. Charles counties or St. Louis City; instead, the total population within the zip code will be considered uniform and multiplied by the percentage determined in (4)(C)2.D.);

F. Add back the population center(s) "inside" the radius or region for zip codes overlapped; and

G. The sum of the estimated zip codes, plus those entirely within the radius, will equal the total population within the fifteen (15)-mile radius or geographic service area.

3. Provide other statistics, such as studies, patient origin or discharge data, Hospital Industry Data Institute's information, or consultants' reports, to document the size and validity of any proposed user-defined "geographic service area";

(6) The most current version of Forms MO 580-2501, MO 580-2502, MO 580-2503, MO 580-2504, MO 580-2505, MO 580-1861, MO 580-1869 and MO 580-1863 may be obtained by mailing a written request to the Certificate of Need Program (CONP), 915G Leslie Boulevard, Jefferson City, MO 65101, or in person at the CONP Office, or, if technically feasible, by downloading a copy of the forms from the CONP website at [www.dhss.state.mo.us/con/] www.dhss.mo.gov/con.

AUTHORITY: section 197.320, RSMo 2000. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 8, 2005, effective July 1, 2005, expires Dec. 30, 2005. A proposed amendment covering this same material is published in this issue of the Missouri Register.

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbolology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

Title 1—OFFICE OF ADMINISTRATION Division 40—Purchasing and Materials Management Chapter 1—Procurement

PROPOSED AMENDMENT

1 CSR 40-1.060 Vendor Registration, Notification of Bidding Opportunities, Suspension and Debarment. The Division of Purchasing and Materials Management is amending sections (2)–(4).

PURPOSE: This amendment allows the Division of Purchasing and Materials Management the ability to charge vendors a fee to receive automatic e-mail notification of bidding opportunities for their selected commodity/service codes through the online registration system and have the ability to submit electronic bids.

(2) A person, business or corporation contracting with the state shall be considered as an independent contractor and shall not be consid-

ered nor represent him/herself as an employee or agency of the state. *[Unless exempt pursuant to section 351.572, RSMo,] a corporation must be authorized to do business in Missouri by registering with the Office of the Secretary of State before proceeding with work under a contract unless specifically exempt pursuant to section 351.572, RSMo.*

(3) *[Registered active vendors will be selected from the official vendor data base and notified of bidding opportunities on a rotational basis. Notification is not limited to registered vendors.] The Division of Purchasing and Materials Management will institute an annual fee to allow registered vendors the ability to receive automatic e-mail notification of bidding opportunities for their selected commodity/service codes through the online registration system and the ability to submit electronic bids.*

(4) *[If a vendor fails to respond to three (3) consecutive solicitation documents for the same class of item, the vendor's registration for that specific class of item may be inactivated. The vendor may effect reactivation by updating their vendor registration information]. E-mail notification and online bidding capabilities will be limited to those vendors that have properly registered and paid the annual fee.*

AUTHORITY: section 34.050, RSMo [Supp. 1999] 2000. Original rule filed Oct. 15, 1992, effective June 7, 1993. Rescinded and readopted: Filed Oct. 20, 1997, effective May 30, 1998. Amended: Filed March 24, 2000, effective Oct. 30, 2000. Amended: Filed June 14, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of Administration, Division of Purchasing and Materials Management, James Miluski, Director, PO Box 809, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.*

**FISCAL NOTE
PRIVATE COST****I. RULE NUMBER**

Rule Number and Name:	1CSR 40-1.060
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
5,231	Corporations	\$50 per vendor annually
176 and 686	Partnerships and Sole Proprietorships	\$50 per vendor annually
5,483	Unknown classifications	\$50 per vendor annually

II. WORKSHEET

10,400 vendors x \$50 registration fee + \$520,000

IV. ASSUMPTIONS

There are approximately 13,000 vendors that are currently registered to do business with the State on DPMM's website. DPMM is assuming that 80% (10,400) of the currently registered vendors will pay the \$50 vendor registration fee in order to continue receiving e-mail notifications of new bid solicitations.

Title 2—DEPARTMENT OF AGRICULTURE
Division 30—Animal Health
Chapter 2—Health Requirements for Movement of
Livestock, Poultry and Exotic Animals

PROPOSED AMENDMENT

2 CSR 30-2.010 Health Requirements Governing the Admission of Livestock, Poultry and Exotic Animals Entering Missouri. The director is amending sections (1), (2), (4)–(10), and (13), adding a new section (19) and renumbering sections (11)–(13).

PURPOSE: These changes will update current regulations on the movement of livestock into Missouri and changes made in sections (7) Sheep and (8) Goats will bring the regulations into compliance with federal scrapie requirements.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Certificate of Veterinary Inspection. *[All animals entering Missouri must be accompanied by an official Certificate of Veterinary Inspection unless specifically exempted within these rules. The certificate must be signed by an approved, accredited, licensed veterinarian stating that the animals are free of any sign of contagious or infectious disease and are in compliance with the specific requirements set forth in these rules] The term Certificate of Veterinary Inspection means a legible record made on an official form of the state of origin, issued by an accredited veterinarian, which shows that the animal(s) listed meets the testing, vaccination treatment and health requirements of the state of destination, and is valid for thirty (30) days.*

(2) Entry Permits. Entry permit numbers may be obtained by contacting the Missouri Department of Agriculture, Division of Animal Health, (573) 751-4359. It is specifically noted within these rules when an entry permit is required. Permits and information regarding Missouri's import requirements may be obtained at this telephone number from 7:30 a.m. to **[4:30] 5:00** p.m. (Central *[Standard]* Time *[C/S/T]*), Monday through Friday.

(4) Cattle and Bison.

(A) Baby Calves—

1. Interstate movement of calves under two (2) months of age to a Missouri livestock market is prohibited unless calves are accompanied by their dams; and

2. Calves under two (2) months of age not accompanied by their dams may be imported by resident buyers only, directly to a Missouri farm, and must meet the following requirements:

A. Entry permits must be obtained on all shipments of *[baby calves/ calves under two (2) months of age]*. All calves **under two (2) months of age** will be quarantined to the receiving farm for sixty (60) days; and

B. All calves **under two (2) months of age** must be individually identified by official eartag on the Certificate of Veterinary Inspection.

(B) Brucellosis Requirements—All States—

1. A negative brucellosis test shall consist of one (1) of the following tests: Brucella Buffered Antigen (BBA) Card Test, Buffered Acidified Plate Antigen Presumptive Test or other official tests approved by the state veterinarian. All tests, regardless of method,

must be confirmed at a state- or federally-approved laboratory. Any discrepancies in test results must be reported to the state veterinarian's office;

2. Test-eligible animals include all **sexually intact** animals eighteen (18) months of age and over. Finished-fed heifers under two (2) years of age are exempt from test if consigned directly to an approved slaughter establishment or to an approved market en route to an approved slaughter establishment. *[Officially calfhood vaccinated (OCV) females are exempt from brucellosis testing if under the age of twenty-four (24) months on beef breeds and twenty (20) months on dairy breeds, provided they are not parturient or post-parturient];*

3. All animals that are test-eligible must be individually identified by official eartag, registration tattoo, registration brand or any other means of permanent identification approved by the state veterinarian on the Certificate of Veterinary Inspection; and

4. The state veterinarian may designate high incidence areas within certain states that must meet additional import restrictions and retest requirements.

(C) Classification of States. Animals that originate directly from officially classified states must meet the requirements that follow:

1. Class free states—

A. Farm of origin animals may move to approved livestock markets and slaughter establishments accompanied by a waybill, bill of lading or owner/shipper statement showing origin and destination;

B. Other animal movements must be accompanied by a Certificate of Veterinary Inspection, showing individual identification on all animals that are test-eligible; and

C. No brucellosis test or entry permit is required;

2. Class A states—

A. All animals must be accompanied by a Certificate of Veterinary Inspection showing individual identification on all animals that are test-eligible. A negative brucellosis test within thirty (30) days prior to shipment is required on all test-eligible animals. Farm of origin animals may move to an approved market or slaughter establishment accompanied by a waybill, bill of lading or owner/shipper statement showing origin and destination;

B. Animals from certified brucellosis-free herds may enter on herd status without additional testing, provided the certified herd number and current test date is shown on the Certificate of Veterinary Inspection; *[and]*

C. *[No entry permit is required;]* **Rodeo bulls must have a negative brucellosis test within twelve (12) months prior to entering the state; and**

D. No entry permit is required.

3. Class B states—

A. All females four (4) months of age or over must be OCV for brucellosis;

B. All animals must be accompanied by a Certificate of Veterinary Inspection showing individual identification on all animals that are test-eligible. A negative brucellosis test within thirty (30) days prior to shipment is required on all test-eligible animals. Farm of origin animals may move to an approved market or slaughter establishment accompanied by a waybill, bill of lading or owner/shipper statement showing origin and destination;

C. Animals from certified brucellosis-free herds may enter on herd status without additional testing, provided the certified herd number and current test date is shown on the Certificate of Veterinary Inspection;

D. Entry permits are required on all test-eligible animals (except slaughter animals). All animals entering on permit will be quarantined and retested sixty to one hundred twenty (60–120) days after arrival. Animals from certified herds are exempt from the quarantine and retest requirement;

E. Animals other than farm of origin animals consigned to approved slaughter establishments must—

(I) Be tested negative for brucellosis within thirty (30) days prior to shipment and accompanied by a Certificate of Veterinary Inspection showing individual identification of animals;

(II) Be "S"- or "B"-branded and consigned to slaughter on a VS 1-27 shipping permit; or

(III) Move in an officially sealed vehicle accompanied by a VS 1-27 shipping permit; and

4. Class C states—

A. Entry permit is required on all animals entering (Missouri) from a Class C state;

B. Animals must be accompanied by a Certificate of Veterinary Inspection showing individual identification of all animals (except steers); and

C. Only the following classes of animals are eligible for entry into Missouri from a Class C state:

(I) Steers;

(II) Spayed heifers ("spade" brand and identification required);

(III) Animals from certified brucellosis-free herds may enter Missouri with a negative brucellosis test within thirty (30) days prior to shipment, in addition to the certified herd number and current herd test date shown on the Certificate of Veterinary Inspection. All test-eligible animals entering on permit will be quarantined and retested sixty to one hundred twenty (60–120) days after arrival; and

(IV) All other animals must be "S"- or "B"-branded, accompanied by a VS 1-27 shipping permit consigned to an approved slaughter establishment.

(5) *Equidae*.

(A) All *equidae* (except nursing foals accompanied by their dams) must be accompanied by:

1. A current VS Form 10-11 (or later revision) or any officially recognized state EIA test chart showing the graphic description of all markings needed for identification; and

2. A *[in Official]* Certificate of Veterinary Inspection *[(health certificate)]* showing:

A. Identification and description of each *[and every]* *equidae* listed on the health certificate; and

B. Negative test results of an official Equine Infectious Anemia (EIA) test, showing test date within twelve (12) months prior to entry, the name of the EIA accredited testing laboratory, and the test accession number assigned by the laboratory.

(D) *Equidae* entering Missouri moving directly from a farm-of-origin (defined as maintained on premises for at least one hundred twenty (120) days) to a licensed livestock market/sale may be accompanied by a waybill or owner/shipper statement showing origin and destination, in lieu of a Certificate of Veterinary Inspection.

(F) Venezuelan Equine Encephalomyelitis (VEE) vaccination *[within fourteen (14) days of]* prior to entry on *equidae* originating from states in which VEE has been diagnosed within the preceding twelve (12) months. An entry permit is also required on equine from those states.

(6) Swine.

(B) Swine must be individually identified by eartag, ear notch, tattoo or other approved device except farm-of-origin swine consigned to an approved market or slaughter establishment **or swine which move under the National Animal Identification system will be identified by premises number and date of group formation.** (Swine for slaughter only may be identified by backtag, tattoo or other approved device.)

(C) Swine not under quarantine must originate from herds that have had no clinical *[symptoms]* signs of pseudorabies for the past twelve (12) months. Swine not under quarantine that have been pseudorabies vaccinated are not allowed to enter Missouri, except by special permission of the state veterinarian.

(D) All breeding swine, regardless of age, must be tested negative for brucellosis and pseudorabies within thirty (30) days prior to entry

or originate from a validated brucellosis-free herd or validated swine brucellosis-free state and a qualified negative pseudorabies herd (herd numbers and current herd test dates must be shown on the Certificate of Veterinary Inspection) or from a stage IV or V state. *[Imported breeding swine shall be quarantined until a negative retest for brucellosis and pseudorabies is obtained. This retest shall not be less than thirty (30) nor more than sixty (60) days after entry.]*

1. A retest must be completed on all imported breeding swine that do not originate from a USDA-classified swine brucellosis- and pseudorabies-free state or country.

2. Breeding swine originating from USDA-classified swine brucellosis- and pseudorabies-free states or countries must be tested as follows: in shipments of one to nine (1–9) head, a retest is required of all animals; in shipments of ten to thirty-five (10–35) head from the same herd of origin, retest is required of ten (10) animals; and in shipments over thirty-five (35) head from the same herd of origin, retest is required of thirty percent (30%), up to a maximum of thirty (30) animals.

(E) Swine entering Missouri for feeding purposes must be quarantined upon arrival and must originate from either—

1. A state classified as Stage III, IV, or V in the National Pseudorabies (PRV) Eradication Plan; or

2. A pseudorabies monitored herd in a state classified as Stage II in the National Pseudorabies (PRV) Eradication Plan.]

(7) Sheep.

(C) *[Sheep from a scabies-quarantined area must be dipped or treated by an officially approved method within ten (10) days prior to exhibition.]* Official identification is required on any live scrapie-positive, suspect, or high-risk animal of any age and of any sexually intact exposed animal of more than one (1) year of age or any sexually intact exposed animal of less than one (1) year of age upon change of ownership (except for exposed animals moving in slaughter channels at less than one (1) year of age), whether or not the animal resides in a source or infected flock.

(D) *[No tests are required on sheep entering Missouri.]* Sheep from a scabies-quarantined area must be dipped or treated by an officially approved method within ten (10) days prior to exhibition.

(E) No tests are required on sheep entering Missouri.

(8) Goats.

(C) *[No tests are required on goats entering Missouri.]* Official identification is required on any live scrapie-positive, suspect, or high-risk animal of any age and of any sexually intact exposed animal of more than one (1) year of age or any sexually intact exposed animal of less than one (1) year of age upon change of ownership (except for exposed animals moving in slaughter channels at less than one (1) year of age), whether or not the animal resides in a source or infected flock.

(D) No tests are required on goats entering Missouri.

(9) Dogs and Cats.

(A) Dogs and cats must be accompanied by a *[health certificate]* Certificate of Veterinary Inspection. Dogs and cats over four (4) months of age must be vaccinated for rabies by one (1) of the methods and within the time period published in the current *Compendium of Animal Rabies Vaccines* prepared by the National Association of State Public Health Veterinarians, Inc.

(10) Poultry.

(A) Live poultry (except those consigned directly to slaughter) shall be accompanied by a *[n official]* Certificate of Veterinary

Inspection or a VS Form 9-3 (see 2 CSR 30-2.040). If a VS Form 9-3 is used, a signed and dated owner/shipper statement must be included stating that to his/her best knowledge, the birds are healthy. Poultry known to be infected with pullorum or typhoid that are consigned directly to slaughter must be identified as such by the consignor.

(C) Hatching eggs must be accompanied by a[n official] Certificate of Veterinary Inspection certifying the eggs to be from pullorum-free flocks or by a VS Form 9-3.

(11) Captive Cervids.

(A) Captive cervids, prior to entering Missouri, must have an entry permit issued by the state veterinarian's office and a Certificate of Veterinary Inspection. Captive cervids that enter Missouri must be in compliance with the guidelines as incorporated by reference to the *Bovine Tuberculosis Eradication Uniform Methods and Rules, Effective January 1, 2005* and *Brucellosis in Cervidae: Uniform Methods and Rules, Effective September 30, 1998*, published by USDA, Veterinary Services, Animal Health Program, 4700 River Road, Unit 36, Riverdale, MD 20737-1231; telephone 301-734-6954; e-mail www.aphis.usda.gov/lpa/pubs/umr.html. This rule does not incorporate any subsequent amendments or additions.

(B) Brucellosis Requirements.

1. All sexually intact animals six (6) months of age or older, not under quarantine and not affected with brucellosis, must test negative for brucellosis within thirty (30) days prior to movement, except:

A. Brucellosis-free herd—captive cervids originating from certified brucellosis-free herds may enter on herd status without additional testing provided the certified herd number and current test date is shown on the Certificate of Veterinary Inspection;

B. Brucellosis-monitored herd—all sexually intact animals six (6) months of age or older must test negative for brucellosis within ninety (90) days prior to interstate movement.

(C) Tuberculosis Requirements.

1. Captive cervids not known to be affected with or exposed to tuberculosis and not in a status herd, as defined in the *Bovine Tuberculosis Eradication Uniform Methods and Rules, Effective January 1, 2005*, must have two (2) negative tuberculosis tests, not less than ninety (90) days apart, using the single cervical method. The second test must be within ninety (90) days prior to movement. Both negative test dates must be listed on the Certificate of Veterinary Inspection. Animals must have been isolated from other captive cervids during the testing period.

2. Movement from status herds.

A. Accredited herd—captive cervids originating from accredited tuberculosis-free cervid herd as defined by the *Bovine Tuberculosis Eradication Uniform Methods and Rules, Effective January 1, 2005*, may enter on herd status without additional testing provided the accredited herd number and current test date is shown on the Certificate of Veterinary Inspection.

B. Qualified herd—captive cervids originating from a qualified herd as defined by the *Bovine Tuberculosis Eradication Uniform Methods and Rules, Effective January 1, 2005*, must have one (1) negative tuberculosis test, using the single cervical method, within ninety (90) days prior to the date of movement.

C. Monitored herd—captive cervids originating from a monitored herd as defined by the *Bovine Tuberculosis Eradication Uniform Methods and Rules, Effective January 1, 2005*, must have one (1) negative tuberculosis test, using the single cervical method, within ninety (90) days prior to the date of movement.

D. Captive cervids less than twelve (12) months of age that originate from and were born in qualified or monitored herds may be moved without further tuberculosis testing, provided that they are accompanied by a Certificate of Veterinary Inspection stating that such captive cervids originated from such herds and

have not been exposed to captive cervids from a lower status herd.

(D) Chronic Wasting Disease (CWD).

1. Captive cervids will not be allowed to enter the state if within the last five (5) years the animal is:

A. From an area that has been reported as a chronic wasting disease (CWD) endemic area;

B. Been in a CWD endemic area; or

C. Originate from a CWD positive captive herd.

2. Elk, elk-hybrids, red deer, sika deer, white-tailed deer, and mule deer from all states must have participated in a surveillance program since 2002 prior to entering Missouri. An additional year of surveillance will be required each year until five (5) years of surveillance is reached.

3. Other captive cervids other than elk, elk-hybrids, red deer, sika deer, white-tailed deer and mule deer must have participated in a surveillance program recognized by the state of origin prior to entering Missouri.

4. All captive white-tailed deer that entered Missouri with two (2) years of CWD monitoring in an approved surveillance program and remained in Missouri at the time of death, must be tested for CWD.

[[11]](12) Psittacine birds, except budgerigar, must have a [c]Certificate of [v]Veterinary [i]Inspection to enter Missouri.

[[12]](13) Ratites (Including, but not Limited to, Ostrich and Emu). A [c]Certificate of [v]Veterinary [i]Inspection is required on all ratites entering Missouri, except farm of origin ratites consigned to an approved slaughter establishment. Ratites must be individually identified by a means approved by the Missouri state veterinarian on the Certificate of Veterinary Inspection.

[[13]](14) Miscellaneous and Exotic Animals. All exotic animals must be accompanied by an official Certificate of Veterinary Inspection showing an individual listing of the common [and scientific] name(s) of the animal(s) and appropriate descriptions of animal(s) such as sex, age, weight, coloration and the permanent tag number, brand or tattoo identification.

(A) Exotic bovids eight (8) months of age and over must have a negative brucellosis test and a negative tuberculosis test within thirty (30) days prior to shipment. Exotic bovids include *Bos gaurus* (Indian bison, Gaur), *Bos javanicus* (Banteng), *Bos sauveli* (Kouprey), *Bos grunniens* (domesticated yak), *Bubalus bubalis* (water buffalo), *Bubalus mindorensis* (Tamarau), *Bubalus quarlesi* (Mountain Anoa), *Bubalus depressicornis* (Lowland Anoa) and *Snycerus caffer* (buffalo group).

[[B] Exotic cattle must meet the same brucellosis entry requirements as domestic cattle. These animals eight (8) months of age and over must be tested for tuberculosis within thirty (30) days prior to shipment.]

[[C]] (B) Camels, llamas, alpaca and others of that group must be identified by tattoo, microchip, eartag or other approved device and be listed individually on a Certificate of Veterinary Inspection.

[[D] Captive cervids, prior to entering Missouri, must have an entry permit issued by the state veterinarian's office and a Certificate of Veterinary Inspection. Captive cervids that enter Missouri must be in compliance with the guidelines as incorporated by reference to the *Bovine Tuberculosis Eradication Uniform Methods and Rules, Effective January 22, 1999* and *Brucellosis in Cervidae: Uniform Methods and Rules, Effective September 30, 1998*.

1. All sexually intact animals six (6) months of age or older, not under quarantine and not affected with brucellosis, must test negative for brucellosis within thirty (30) days prior to movement, except:

A. *Brucellosis-free herd*—captive cervids originating from certified brucellosis-free herds may enter on herd status without additional testing provided the certified herd number and current test date is shown on the Certificate of Veterinary Inspection;

B. *Brucellosis-monitored herd*—all sexually intact animals six (6) months of age or older must test negative for brucellosis within ninety (90) days prior to interstate movement.

2. *Captive cervids not known to be affected with or exposed to tuberculosis and not in a status herd, as defined in the Bovine Tuberculosis Eradication Uniform Methods and Rules, Effective January 22, 1999, must have two (2) negative tuberculosis tests, not less than ninety (90) days apart, using the single cervical method. The second test must be within ninety (90) days prior to movement. Both negative test dates must be listed on the Certificate of Veterinary Inspection. Animals must have been isolated from other captive cervids during the testing period.*

3. *Movement from status herds.*

A. *Accredited herd*—captive cervids originating from accredited tuberculosis-free cervid herd as defined by the Bovine Tuberculosis Eradication Uniform Methods and Rules, Effective January 22, 1999, may enter on herd status without additional testing provided the accredited herd number and current test date is shown on the Certificate of Veterinary Inspection.

B. *Qualified herd*—captive cervids originating from a qualified herd as defined by the Bovine Tuberculosis Eradication Uniform Methods and Rules, Effective January 22, 1999, must have one (1) negative tuberculosis test, using the single cervical method, within ninety (90) days prior to the date of movement.

C. *Monitored herd*—captive cervids originating from a monitored herd as defined by the Bovine Tuberculosis Eradication Uniform Methods and Rules, Effective January 22, 1999, must have one (1) negative tuberculosis test, using the single cervical method, within ninety (90) days prior to the date of movement.

D. *Captive cervids less than twelve (12) months of age that originate from and were born in qualified or monitored herds may be moved without further tuberculosis testing, provided that they are accompanied by a certificate stating that such captive cervids originated from such herds and have not been exposed to captive cervids from a lower status herd.*

4. *Captive cervids from an area that has been reported as a chronic wasting disease (CWD) endemic area or any cervid that has been in an endemic area in the last five (5) years will not be allowed to enter Missouri.*

5. *Elk, elk-hybrids, and mule deer from all states must have participated in a surveillance program for at least three (3) years prior to entering Missouri. Other captive cervids other than white-tailed deer must have participated in a surveillance program recognized by the state of origin prior to entering Missouri.*

6. *White-tailed deer from all states must have participated in a surveillance program for at least two (2) years prior to entering Missouri. Other captive cervids must have participated in a surveillance program recognized by the state of origin prior to entering Missouri.*

7. *All captive white-tailed deer that enter Missouri with a two (2)-year status in a CWD surveillance program and remain in Missouri at the time of death must be tested for CWD.]*

[(E)] (C) Exotic equine, donkeys, asses, burros and zebras must meet domestic equine requirements.

[(F)] (D) Exotic goats, sheep and antelope. No tests are required on these animals.

[(G)] (E) Feral swine, javalena, and peccaries must be in compliance with domestic swine requirements.

[(H)] (F) Elephants (Asiatic, African) must be tested negative for tuberculosis within one (1) year prior to entry.

[(I)] (G) Importation of skunks and raccoons into Missouri is prohibited by the *Missouri Wildlife Code*, 3 CSR 10-9.

[(J)] (H) Animals moving between publicly-owned American [Association of Zoological Parks and Aquariums (AAZPA)-accredited zoos] Zoo and Aquariums (AZA)-accredited zoos are exempt from section [(13)](11) except cervids moving between publicly-owned American Zoo and Aquariums (AZA)-accredited zoos must meet the chronic wasting disease monitoring requirements as outlined in subsection (11)(D).

AUTHORITY: section 267.645, RSMo 2000. This version of rule filed Jan. 24, 1975, effective Feb. 3, 1975. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivision more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Agriculture, Division of Animal Health, Shane Brookshire, D.V.M., State Veterinarian, PO Box 630, Jefferson City, MO 65102, by facsimile at (573) 751-6919 or via e-mail at Shane.Brookshire@mda.mo.gov. To be considered comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 5—Wildlife Code: Permits

PROPOSED AMENDMENT

3 CSR 10-5.205 Permits Required; Exceptions. The commission proposes to amend subsections (1)(A) and (F).

PURPOSE: This amendment provides lessees born before January 1, 1967 with the same privileges as landowners when accompanying Youth Deer and Turkey Hunting Permit holders hunting deer or turkeys and corrects grammatical errors.

(1) Any person who chases, pursues, takes, transports, ships, buys, sells, possesses or uses wildlife in any manner must first obtain the prescribed hunting, fishing, trapping or other permit, or be exempted under 3 CSR 10-9.110, with the following exceptions:

(A) A resident landowner or lessee, as defined in this Code, may hunt, trap or fish as prescribed in Chapters 6, 7 and 8 without permit (except landowner deer and turkey hunting permits, [m/Migratory [b/Bird [h/Hunting [p/Permit, [and] [c/Cable [r/Restraint [p/Permit and Hand Fishing Permit as prescribed), but only on land s/he owns or, in the case of the lessee, upon which s/he resides, and may transport and possess wildlife so taken.

(F) Any person at least six (6) but not older than fifteen (15) years of age may purchase a Youth Deer and Turkey Hunting Permit without display of a hunter education certificate card, and may take one (1) deer of either sex statewide, during the firearms deer hunting seasons except that only an antlerless deer may be taken in seasons open

only to antlerless deer; one (1) male turkey or turkey with visible beard during the spring turkey hunting season; and one (1) turkey of either sex during the fall firearms turkey hunting season; provided, s/he is hunting in the immediate presence of a properly licensed adult hunter who has in his/her possession a valid hunter education certificate card, or who *[are]* is hunting in the immediate presence of a resident landowner **or lessee** as defined in this Code on lands owned **or leased** by the resident landowner **or lessee**, provided the resident landowner **or lessee** was born before January 1, 1967. Youth Deer and Turkey Hunting Permit holders, who attain the age of eleven (11) during the prescribed permit year and have a valid hunter education certificate card, may surrender unused portion(s) of the Youth Deer and Turkey Hunting Permit and purchase other firearms deer and turkey hunting permits. Deer and turkeys taken under the Youth Deer and Turkey Hunting Permit must be included in the total season limits.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. Original rule filed July 22, 1974, effective Dec. 31, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed June 8, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Assistant Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 5—Wildlife Code: Permits

PROPOSED AMENDMENT

3 CSR 10-5.420 Youth Deer and Turkey Hunting Permit. The commission proposes to amend provisions of this rule.

PURPOSE: This amendment provides lessees born before January 1, 1967 with the same privileges as landowners when accompanying Youth Deer and Turkey Hunting Permit holders hunting deer or turkeys.

To pursue, take, possess and transport one (1) deer of either sex statewide, during the firearms deer hunting seasons except that only an antlerless deer may be taken in *[seasons/ portions]* open only to antlerless deer; one (1) male turkey or turkey with visible beard during the spring turkey hunting season; and one (1) turkey of either sex during the fall firearms turkey hunting season; only by persons at least six (6) but not older than fifteen (15) years of age who are hunting in the immediate presence of a properly licensed adult hunter who has in his/her possession a valid hunter education certificate card, or who are hunting in the immediate presence of a resident landowner **or lessee** as defined in this Code on lands owned **or leased** by the resident landowner **or lessee**, provided the resident landowner **or lessee** was born before January 1, 1967. Fee: seventeen dollars (\$17).

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. Original rule filed May 6, 1998, effective March 1, 1999. For intervening his-

tory, please consult the Code of State Regulations. Amended: Filed June 8, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Assistant Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

PROPOSED AMENDMENT

3 CSR 10-7.410 Hunting Methods. The commission proposes to amend subsections (1)(H) and (P).

PURPOSE: This amendment allows the use of .22 caliber and smaller firearms to hunt feral hogs and wildlife other than deer during the November and antlerless portions of the firearms deer season and more accurately describes deer season portions.

(1) Wildlife may be hunted and taken only in accordance with the following:

(H) Special Firearms Provision. During the November portion and antlerless portion of the firearms deer season in counties open to deer hunting, other wildlife and feral hogs (any hog, including Russian and European wild boar, that is not conspicuously identified by ear tags or other forms of identification and is roaming freely upon public or private lands without the landowner's permission) may be hunted only with a **pistol, revolver, or rifle firing a rimfire cartridge .22 caliber or smaller or a shotgun and shot not larger than No. 4**, except that *[this provision does not apply to]* waterfowl hunters, trappers, *[or to a]* landowners on *[his/her]* their land or *[to a]* lessees on *[the]* land **upon which [s/he] they reside[s] may use other methods as specified in subsection (1)(G) of this rule.**

(P) Hunter Orange. During the urban **counties**, youth, November, and antlerless portions of the firearms deer hunting season, all hunters shall wear a cap or hat, and a shirt, vest or coat having the outermost color commonly known as hunter orange which shall be plainly visible from all sides while being worn. Camouflage orange garments do not meet this requirement. This requirement shall not apply to migratory game bird hunters, to hunters using archery methods while hunting within municipal boundaries where discharge of firearms is prohibited, to hunters on federal or state public hunting areas where deer hunting is restricted to archery methods, or to hunters in closed counties during the antlerless portion of the firearms deer hunting season.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. Original rule filed July 22, 1974, effective Dec. 31, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed June 8, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Assistant Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 220—State Board of Pharmacy
Chapter 2—General Rules**

PROPOSED AMENDMENT

4 CSR 220-2.100 Continuing Pharmacy Education. The board is proposing to amend section (10), add a new section (11), and renumber and amend the remaining section.

PURPOSE: This amendment establishes specific time frame for pharmacists to earn continuing education (CE) for renewal of a license, establishes that an incomplete or incorrect renewal application will be rejected to the applicant, and provides that when a pharmacist fails to provide appropriate CE when requested for audit purposes, the renewal application is considered false and license is not renewed, and delinquent fees will be required.

(10) Continuing education credits must be earned from the time a renewal cycle begins, until the cycle ends as prescribed by the board. For purposes of this section, the renewal cycle begins on September 1 and ends on a biennial cycle on August 31. Each such form of proof of completion of the required continuing education credits shall be retained by the licensee for the preceding two (2) reporting periods prior to renewal.

(11) The renewal application must be completed correctly and in its entirety in order for it to be processed and the license renewed. Any portion of the application that is incomplete or inaccurate shall result in the rejection of the renewal application and require its return to the applicant for correction.

[(11)](12) The Missouri Board of Pharmacy may elect to audit, with the appropriate accrediting body, any licensee to assess the authenticity and validity of contact hours submitted for relicensure. Failure to provide proof of completion of the necessary required continuing education credits **when requested to do so by the board**, shall be considered a violation. **In accordance with section 338.060, RSMo any licensee that has not completed and retained the required evidence of all required continuing education shall pay any delinquent fees as prescribed by the board and may [result in] be subject to disciplinary action pursuant to 338.055, RSMo[.]. The board may also initiate auditing [or] of other past renewal periods and/or require proof of completion of future continuing education credits be submitted with any application for a renewal of a license.**

AUTHORITY: sections 338.060 and 338.140, RSMo 2000. Original rule filed Nov. 9, 1984, effective April 11, 1985. For intervening history, please consult the *Code of State Regulations*. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately six thousand three hundred seventy-two dollars and seven cents (\$6,372.07) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will cost private entities approximately twenty thousand nine hundred dollars (\$20,900) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Pharmacy, Kevin Kinkade, Executive Director, PO Box 625, Jefferson City, MO 65102, via facsimile to (573) 526-3464 or e-mail at: pharmacy@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

PUBLIC ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development

Division 220 - Missouri Board of Pharmacy

Chapter 2 - General Rules

Proposed Amendment - 4 CSR 220-2.100 Continuing Pharmacy Education

Prepared March 8, 2005 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Biennial Cost of Compliance
Missouri Board of Pharmacy	\$6,372.07
Total Biennial Cost of Compliance for the Life of the Rule	
	\$6,372.07

III. WORKSHEET

The figures below represent the expense and equipment costs:

CLASSIFICATION	Fee Amount	Number in Class	AGGREGATE COST
Letterhead	\$0.15	754	\$113.10
CE Form	\$0.05	754	\$37.70
Envelope for Mailing License(s)	\$0.03	754	\$22.62
Postage for Mailing License(s)	\$0.35	754	\$263.90

Total expense and equipment cost associated with printing and mailing applications \$437.32

The figures below summarize the staff responsibilities and represent the personal service costs:

The board anticipates the staff will perform the following duties:

Executive Director - Overall supervision of CE audit process, review of audit results, possible meetings with licensees, hearings, or other legal matters involving the CE audit process. - 12 hours.

Administrative Office Support Assistant - Supervision of CE audit process, includes supervision of staff and review of forms/letters/database - 4 hours.

Licensure Technician II - Update to the board's computer database and randomly select the licensees to be audited - 10 hours.

Licensure Technician II - Responding to written and verbal inquiries regarding CE audit. - 10 hours

Temporary Employee - Preparation and mailing of audit letters and forms, review of CE audits received by checking for compliance, updating database, compiling reports from database and prepare audit results for board review, carry out board directives regarding non-compliant licensees. - 520 hours (3 months) at \$9.58/hour.

Employee's salaries were calculated using their annual salary multiplied by 40.77% for fringe benefits and then were divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications. The total cost was based on the cost per application multiplied by the estimated number of applications.

STAFF	ANNUAL SALARY	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	TIME PER RENEWAL PERIOD	TOTAL COST
Executive Director	\$69,144	\$97,334.01	\$46.80	12 hours	\$561.54
Clerk IV	\$28,740	\$40,457.30	\$19.45	4 hours	\$77.80
Licensure Tech II	\$23,376	\$32,906.40	\$15.82	10 hours	\$158.20
Licensure Tech II	\$22,992	\$32,365.84	\$15.56	10 hours	\$155.60
Temporary Employee			\$9.58	520 hours	\$4,981.60
					\$5,934.75

The members of the board are involved for the review of audit results and decisions for action, possible meetings with licensees, hearings, or other legal matters involving the CE audit process. This generally occurs during regularly scheduled board meetings, but may require additional board meeting for purpose of meeting with non-compliant licensees. No additional cost are being calculated into this fiscal note for additional board meetings.

IV. ASSUMPTIONS

1. Because the audit is based on the number of licensees renewed for a particular renewal period, it is not possible to know for sure how many licensees will be affected. In an attempt to approximate, the board estimates that 10% of pharmacists that renewed their license for the 2004-2006 renewal period, plus all disciplined licensees will be audited. Therefore the board estimates that approximately 754 licensees will be audited.
2. The total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

NOTE: The public fiscal note for this rule only reflects the cost for this particular process. However, private entity fees are set at an amount to cover the total actual cost incurred by the board, which includes personal service, expense and equipment and transfers.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development

Division 220 - Missouri Board of Pharmacy

Chapter 2 - General Rules

Proposed Amendment - 4 CSR 220-2.100 Continuing Pharmacy Education

Prepared March 8, 2005 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated biennial cost of compliance with the amendment by affected entities:
38	Licensees (Delinquent Continuing Education Pharmacist Renewal Fee - \$500)	\$19,000
38	Licensees (Delinquent Pharmacist Renewal Fee - \$50)	\$1,900
	Estimated Biennial Cost for the Life of the Rule	\$20,900

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The figures above are based on FY04 actuals and FY06 projections. Based on the current licensee count, the board anticipates auditing 10% of the currently licensed pharmacists and all disciplined pharamacists. The board is estimating that approximately 5% of all audited pharmacists will not comply with the continuing education requirements. Based on these estimates, the board anticipates approximately 754 pharmacists will be audited annually and of those 38 will be required to pay the delinquent fees described above.
2. It is anticipated that the total cost will recur biennially for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 220—State Board of Pharmacy
Chapter 4—Fees Charged by the Board of Pharmacy**

PROPOSED AMENDMENT

4 CSR 220-4.010 General Fees. The board is proposing to add a new subsection (1)(V).

PURPOSE: This amendment adds a fee authorized by Chapter 338, RSMo.

(1) The following fees are established by the State Board of Pharmacy:

(V) Delinquent Continuing Education Pharmacist Fee \$500.00

AUTHORITY: sections 338.020, 338.035, 338.040, 338.060, 338.070, 338.140, 338.185, 338.280 and 338.350, RSMo 2000 and 338.013 and 338.220, RSMo Supp. [2003] 2004. Emergency rule filed July 15, 1981, effective Aug. 3, 1981, expired Nov. 11, 1981. Original rule filed Aug. 10, 1981, effective Nov. 12, 1981. For intervening history, please consult the Code of State Regulations. Amended: Filed June 15, 2005.

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Pharmacy, Kevin Kinkade, Executive Director, PO Box 625, Jefferson City, MO 65102, via facsimile to (573) 526-3464 or e-mail at: pharmacy@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 220—State Board of Pharmacy
Chapter 5—Drug Distributor**

PROPOSED AMENDMENT

4 CSR 220-5.020 Drug Distributor Licensing Requirements. The board is proposing to amend sections (3)–(5).

PURPOSE: This amendment allows for a drug distributor application to be voided if the process is not completed within six (6) months of receipt by the board, allows for issuance of temporary license after change of ownership application is received, removes thirty (30)-day grace period for filing of an application after a change of ownership occurs, adds limited liability company to be considered a separate person concerning ownership, and changes notification requirements.

(3) Drug distributor licenses shall be issued on the application of the owners. If the owner is a corporation [or partnership], an officer of the corporation [or partner] must sign the application as the applicant. If the owner is a partnership, a partner must sign the application as the applicant. If the owner is a limited liability partnership, a general partner must sign the application as the appli-

cant. If the owner is a limited liability company, a member must sign the application as the applicant.

(4) Drug distributor license applications and renewal applications shall be completed and submitted to the Board of Pharmacy along with the appropriate fees before any license is issued or renewed. Information required on the application shall include:

(E) The name(s) of the owner, operator, or both, of the licensed entity, including:

1. If a person, the name of the person;
2. If a partnership, the name of each partner and the name of the partnership;
3. If a corporation, the name of the corporate president, vice president, secretary, treasurer, chief executive officer, board of directors, and senior vice presidents or their equivalents, the corporate name(s) and the name of the state of incorporation; and
4. If a sole proprietorship, the full name of the sole proprietor and the name of the business entity; [and]

(F) The name of the manager in charge who meets the requirements as set forth in 4 CSR 220-5.030(2) and completes the manager-in-charge affidavit of the license application and has it notarized./; and

(G) An application for a wholesale or pharmacy drug distributor license will become null and void if the applicant fails to complete the process for licensure within six (6) months of receipt of the application by the board.

(5) When a drug distributor changes ownership, the original license becomes void on the effective date of the change of ownership. Before any new business entity resulting from that change opens a facility as a drug distributor, it must obtain a new license from the board. [However, a grace period of thirty (30) days may be allowed after the change of ownership.] A temporary license shall be issued once a completed application and fee have been received by the board. The effective date of the temporary license shall be the date the change of ownership is listed as effective on the application. Such license shall remain in effect until a permanent license is issued or denied by the board.

(B) [A corporation is considered by law to be a separate person. If a corporation owns a drug distributor facility, it is not necessary to obtain a new license if the owners of the stock change. However, as a separate person, if the corporation begins ownership of a drug distributor facility or ceases ownership of that facility, a new license must be obtained regardless of the relationship of the previous or subsequent owner to the corporation. It is not necessary to obtain a new license when ownership of the stock in the corporation changes. It is necessary to file written notice with the Board of Pharmacy within ten (10) days after that change occurs. This notification must be in writing and certified.] If a corporation owns a drug distributor facility, it is not necessary to obtain a new license if the owners of the stock change. If a limited liability partnership or a limited liability company owns a drug distributor company, it is not necessary to obtain a new license if the partners or members of the company change, as long as the partnership or company is not dissolved by that change. It is necessary to file written notice with the Board of Pharmacy within thirty (30) days after a change occurs of twenty-five percent (25%) or more in the ownership of corporation stock, or in partners in a limited liability partnership, or in members of the limited liability company. This notification must be in writing and certified. However, when a corporation, limited liability partnership, or limited liability company begins ownership of a drug distributor company or ceases ownership of a drug distributor company, a new license must be obtained regardless of the relationship between the previous and subsequent owners.

AUTHORITY: sections 338.330, 338.333, 338.335, 338.337, 338.340 and 338.350, RSMo 2000. Original rule filed Feb. 4, 1991, effective June 10, 1991. For intervening history, please consult the Code of State Regulations. Amended: Filed June 15, 2005.

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: The proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Pharmacy, Kevin Kinkade, Executive Director, PO Box 625, Jefferson City, MO 65102, via facsimile to (573) 526-3464 or e-mail at: pharmacy@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 5—State Services to Victims Fund Grant
Program**

PROPOSED AMENDMENT

11 CSR 30-5.020 Eligible Applicants. The Department of Public Safety, Office of the Director is amending section (1).

PURPOSE: This amendment changes criteria to determine the eligibility of applicant agencies to receive assistance through the State Services to Victims Fund Grant Program.

(1) As stated in section 595.050, RSMo, public and not-for-profit private agencies are eligible to apply for funds available through the State Services to Victims Fund Grant Program. Public *[and not-for-profit private]* agencies may not receive State Services to Victims Fund Grant Program funds to supplant existing funds presently being used to provide assistance to victims of crime.

AUTHORITY: section 595.060, RSMo [Supp. 1997] 2000. Emergency rule filed June 11, 1984, effective June 21, 1984, expired Oct. 19, 1984. Original rule filed Dec. 19, 1988, effective March 25, 1989. Amended: Filed Feb. 26, 1998, effective Aug. 30, 1998. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Patty Rellergert, Victim Services Grant Program, Missouri Department of Public Safety, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 30—Office of the Director
Chapter 5—State Services to Victims Fund Grant
Program**

PROPOSED AMENDMENT

11 CSR 30-5.050 Contract Awards, Monitoring and Review. The Department of Public Safety, Office of the Director is amending section (2).

PURPOSE: This amendment changes the procedure to be used to monitor contracts funded by the State Services to Victims Fund Grant Program.

(2) *[All contracts will]* **Contracts may** be monitored **annually** by the Department of Public Safety to insure that appropriate fiscal and program records are being maintained. The contractor may be required to submit such monitoring information in writing to the Department of Public Safety. *[Each contract shall be subject to review by the Department of Public Safety at least annually.]*

AUTHORITY: section 595.060, RSMo [Supp. 1997] 2000. Emergency rule filed June 11, 1984, effective June 21, 1984, expired Oct. 19, 1984. Original rule filed Dec. 19, 1988, effective March 25, 1989. Amended: Filed Jan. 18, 1991, effective Aug. 30, 1991. Amended: Filed Feb. 26, 1998, effective Aug. 30, 1998. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Patty Rellergert, Victim Services Grant Program, Missouri Department of Public Safety, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 23—Motor Vehicle**

PROPOSED RESCISSION

12 CSR 10-23.428 All-Terrain Vehicles Modified for Highway Use. This rule established the titling and registration procedures required when an all-terrain vehicle is modified to qualify as a motor vehicle.

PURPOSE: This rule is being rescinded because all-terrain vehicles are not designed for operation on the roadways.

AUTHORITY: section 301.010, RSMo Supp. 1989, 301.190, RSMo Supp. 1990 and 301.700, Supp. 1988. Original rule filed April 23, 1992, effective Dec. 3, 1992. Emergency rescission filed June 9, 2005, effective June 19, 2005, expires Dec. 16, 2005. Rescinded: Filed June 9, 2005.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Revenue, Office of Legislation and Regulations, PO

Box 629, Jefferson City, MO 65105. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 35—Children's Division
Chapter 80—Payment of Residential Facilities**

PROPOSED AMENDMENT

13 CSR 35-80.020 Residential Care Agency Cost Reporting System. The division is amending section (5) and replacing Appendix A.

PURPOSE: This amendment adopts a new cost report and instructions for completion of the cost report as Appendix A. This amendment also provides notice that failure to provide cost reports may result in the residential care facilities exclusion from contracts with the Children's Division.

(5) Reporting Period and Filing Requirements.

(A) The cost report must reflect actual audited costs incurred in the provision of residential child care and related services by an agency for the most recent fiscal year. **Cost reports must be submitted in accordance with the applicable instructions and in the cost report format prescribed in Appendix A, included herein. Failure to provide cost reports may result in the residential care facilities exclusion from contracts with the Children's Division.**

[(B)] *An initial cost report for the twelve (12) months which ended December 31, 2003 must be submitted by March 31, 2004.*

[(C)] **(B)** An annual cost report for fiscal years ending after December 31, 2003 must be submitted within ninety (90) days of the close of the fiscal year. **The division may grant an extension for submission of the annual cost report and/or audited financial statement. Cost reports which have not been submitted for fiscal years ending in calendar year 2004 must be submitted by August 15, 2005 on the current report format contained in Appendix A. A waiver from filing a fiscal year 2004 cost report will be provided for providers that will submit a fiscal year 2005 cost report by August 15, 2005.**

[(D)] **(C)** Audited financial statements must be submitted with cost reports. **An auditor's opinion does not have to be provided on the cost report. A preliminary fiscal year 2005 cost report may be submitted by August 15, 2005 without an audited financial statement. A final report and audited financial statement must be submitted in accordance with subsection (5)(B).**

(D) Providers must also participate in the statewide time study of direct care staff described in section (1).

PUBLISHER'S NOTE: The forms included with this proposed amendment are printed with the emergency amendment on pages 1493–1521 of this issue of the *Missouri Register*.

AUTHORITY: section 207.020, RSMo 2000. Emergency rule filed Jan. 16, 2004, effective Jan. 26, 2004, expired July 23, 2004. Original rule filed Jan. 16, 2004, effective Aug. 30, 2004. Emergency amendment filed Sept. 22, 2004, effective Oct. 2, 2004, expired March 30, 2005. Amended: Filed Sept. 22, 2004, effective March 30, 2005. Emergency amendment filed June 15, 2005, effective July 1, 2005, expires Dec. 1, 2005. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Children's Division, 615 Howerton Court, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance**

PROPOSED RESCISSION

13 CSR 40-2.240 Medicaid Eligibility in General Relief Prior to Application. This rule defined the limitations of Medicaid eligibility prior to application in General Relief cases.

PURPOSE: This rule is being rescinded as the General Relief State Medical Assistance program is being terminated effective August 27, 2005.

AUTHORITY: section 207.020, RSMo 1986. Original rule filed Aug. 3, 1987, effective Oct. 25, 1987. Rescinded: Filed June 8, 2005.

PUBLIC COST: This proposed rescission will cost state agencies or political subdivisions one thousand six hundred sixty-eight dollars and sixty cents (\$1,668.60) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Social Services, Family Support Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

I. RULE NUMBER

Rule Number and Name:	13 CSR 40-2.240
Type of Rulemaking:	Proposed Rescission

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Family Support Division	\$1,668.60

III. WORKSHEET

2,781 cases times two mailings equals 5,562 total letters, times \$0.30 bulk postage per letter equals \$1,668.60 total postage cost.

IV. ASSUMPTIONS

Approximately 2,781 individuals will be sent two letters notifying the affected clients. The cost will be \$0.30 per letter. The administrative cost of \$1,688.60 would be a general revenue cost.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance

PROPOSED RESCISSION

13 CSR 40-2.380 Grandparents as Foster Parents. This rule established the maximum benefit amount for the Grandparents as Foster Parents program after July 31, 2003.

PURPOSE: This rule is being rescinded as no funds were appropriated for Grandparents as Foster Parents benefits after June 30, 2005.

AUTHORITY: sections 207.020, RSMo 2000 and 453.322 and 453.325, RSMo Supp. 2003. Emergency rule filed July 11, 2003, effective Aug. 1, 2003, expired Jan. 27, 2004. Original rule filed Jan 23, 2004, effective July 30, 2004. Rescinded: Filed June 8, 2005.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Social Services, Family Support Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 2—General Scope of Medical Service Coverage

PROPOSED RESCISSION

13 CSR 70-2.020 Scope of Medical Services for General Relief Recipients. This rule provided for the scope of medical services which were covered by the Medicaid program for general relief assistance recipients.

PURPOSE: This rule is being rescinded because the eligibility category general relief, which granted Medicaid coverage to unemployed adults because of temporary or permanent disabilities, was not funded by the Missouri General Assembly beginning July 1, 2005. Senate Bill 539 as enacted by the 93rd General Assembly repealed the eligibility category general relief.

AUTHORITY: section 207.020, RSMo 1986. This rule was previously filed as 13 CSR 40-81.181. Emergency rule filed July 15, 1981, effective Aug. 1, 1981, expired Oct. 10, 1981. Original rule filed July 15, 1981, effective Oct. 11, 1981. Amended: Filed April 17, 1987, effective Sept. 11, 1987. Emergency rescission filed June 7, 2005, effective July 1, 2005, expires Dec. 27, 2005. Rescinded: Filed June 15, 2005.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will cost private entities a range of zero (0) to 14.2 million dollars in the aggregate based on utilization.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

FISCAL NOTE

PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-2.020 Scope of Medical Services for General Relief Recipients
Type of Rulemaking:	Proposed Rescission

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the count of compliance with the rule by the affected entities:
3,046	All Medicaid recipients under the general relief eligibility category	Services will be systematically denied and providers will not be reimbursed

III. WORKSHEET

The total private cost of the elimination of the general relief eligibility category is zero to \$14.2 million based on the state fiscal year 2004 utilization of Medicaid services by the general relief eligibility category. The inpatient hospital portion of the private cost (\$1.1 million) is being reflected on the proposed amendment to 13 CSR 70-15.030 Limitations on Payment for Inpatient Hospital Care. The outpatient hospital portion of the private cost (\$1.3 million) is being reflected on the proposed amendment to 13 CSR 70-15.080 Payment Method for General Relief Recipient Hospital Outpatient Services. The private cost of this proposed amendment is \$11.8 million which is the net of all other Medicaid services, excluding hospital services, utilized by the general relief eligibility category during state fiscal year 2004.

IV. ASSUMPTIONS

This rescission removes the reference to reimbursement for general relief recipients. The eligibility category general relief, which granted Medicaid coverage to unemployed adults because of temporary or permanent disabilities, was not funded by the Missouri General Assembly beginning July 1, 2005. Senate Bill 539 as enacted by the 93rd General Assembly repealed the eligibility category general relief. The elimination of the general relief eligibility category means 3,046 eligibles will lose Medicaid coverage through this optional program.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 4—Conditions of Recipient Participation,
Rights and Responsibilities

PROPOSED AMENDMENT

13 CSR 70-4.090 Uninsured [Parents'] Women's Health [Insurance] Program. The division is deleting sections (1), (3), (4), and (5) and amending the rule title, the Purpose section and sections (2), (6), and (7) and renumbering sections as needed.

PURPOSE: This amendment eliminates payment for medical services for individuals losing extended transitional medical assistance from the Uninsured Parents' Health Insurance Program.

PURPOSE: This rule establishes the Uninsured [Working Parents'] Women's Health [Insurance] Program. This program will provide payment for [health care coverage] women's health services for uninsured[, low income, working parents leaving welfare for work thereby reducing future dependence on welfare and reducing] women who do not qualify for other medical assistance benefits, and would lose their Medicaid eligibility sixty (60) days after the birth of their child or sixty (60) days after a miscarriage, in order to reduce the possibility of a family's future dependence on welfare as authorized pursuant to section 208.040, RSMo. The program is also authorized pursuant to the award of the Missouri State Medicaid Section 1115 Health Care Reform Demonstration Proposal approved by the [Health Care Financing Administration] Centers for Medicare and Medicaid Services.

[(1) Definitions.

(A) Health insurance. Any hospital and medical expense incurred policy, nonprofit health care service for benefits other than through an insurer, nonprofit health care service plan contract, health maintenance organization subscriber contract, preferred provider arrangement or contract, or any other similar contract or agreement for the provision of health care benefits. The term "health insurance" does not include short-term, accident, fixed indemnity, limited benefit or credit insurance coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical-payment insurance, or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

(B) Co-payment. A cost-sharing arrangement in which a covered person pays a specified charge for a specified service, such as ten dollars (\$10) for a professional service.

(C) Parents. For purposes of this regulations the term parents refers to biological or adoptive parent(s).]

[(2)(1) [The following uninsured individuals] Uninsured women who do not qualify for other medical assistance benefits, and would lose their Medicaid eligibility sixty (60) days after the birth of their child or sixty (60) days after a miscarriage, shall be eligible to receive medical services to the extent and in the manner provided in this regulation. [:

(A) Individuals losing transitional medical assistance (TMA) who would not otherwise be insured or Medicaid eligible, with net income at or below one hundred percent (100%) of the federal poverty level for the household size—

1. Eligibility for the Uninsured Parents' Health Insurance Program for individuals losing TMA ends twelve (12) months after TMA eligibility ends; and

2. After coverage ends, the individuals with a child eligible for MC+ have the option of staying in the MC+ health

plan, where managed care is available, if the parents pay the cost of the state's cost for the time period covered by the Missouri Medicaid Section 1115 Health Care Reform Demonstration Proposal as approved by the Health Care Financing Administration;]

[(B)] Uninsured women who do not qualify for other medical assistance benefits, and would lose their Medicaid eligibility sixty (60) days after the birth of their child or sixty (60) days after a miscarriage, will continue to be eligible for [family planning and limited testing of sexually transmitted diseases (EWH),] women's health services only, regardless of income, for twelve (12) consecutive months. Women's health services are defined as: pelvic exams and pap tests, sexually transmitted disease testing and treatment (the treatments of medical complications occurring from the sexually transmitted disease are not covered for this program), family planning counseling/education on various methods of birth control, United States Department of Health and Human Services approved methods of contraception including sterilization and x-ray services related to the sterilization, and drugs (excluding antiretrovirals), supplies or devices related to the women's health services described in this rule when they are prescribed by a physician or advanced practice nurse, subject to the national drug rebate program requirements.

[(3) Beneficiaries covered in section (2) of this rule shall be eligible for service(s) from the date their application is received. No service(s) will be covered prior to the date the application is received.]

[(4) The following services are covered for beneficiaries of the Uninsured Parents' Health Insurance Program if they are medically necessary:

(A) Inpatient hospital services;

(B) Outpatient hospital services;

(C) Emergency room services;

(D) Ambulatory surgical center, birthing center;

(E) Physician, advanced practice nurse, and certified nurse midwife services;

(F) Maternity benefits for inpatient hospital and certified nurse midwife. The health plan shall provide coverage for a minimum of forty-eight (48) hours of inpatient hospital services following a vaginal delivery and a minimum of ninety-six (96) hours of inpatient hospital services following a cesarean section for a mother and her newly born child in a hospital or any other health care facility licensed to provide obstetrical care under the provision of Chapter 197, RSMo. A shorter length of hospital stay for services related to maternity and newborn care may be authorized if a shorter inpatient hospital stay meets with the approval of the attending physician after consulting with the mother and is in keeping with federal and state law. The health plan is to provide coverage for post-discharge care to the mother and her newborn. The physician's approval to discharge shall be made in accordance with the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, or similar guidelines prepared by another nationally recognized medical organization and be documented in the patient's medical record. The first post-discharge visit shall occur within twenty-four (24) to forty-eight (48) hours. Post-discharge care shall consist of a minimum of two (2) visits at least one (1) of which shall be in the home, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with experience in maternal and child health nursing or a physician. The location and schedule of the post-discharge visits shall be determined by the attending physician. Services provided by the registered professional nurse or

physician shall include, but not be limited to, physician assessment of the newborn and mother, parent education, assistance and training in breast or bottle feeding, education and services for complete childhood immunizations, the performance of any necessary and appropriate clinical tests and submission of a metabolic specimen satisfactory to the state laboratory. Such services shall be in accordance with the medical criteria outlined in the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, or similar guidelines prepared by another nationally recognized medical organization. If the health plan intends to use another nationally recognized medical organization's guidelines, the state agency must approve prior to implementation of its use;

(G) Family planning services;

(H) Pharmacy benefits;

(I) Dental services to treat trauma;

(J) Laboratory, radiology and other diagnostic services;

(K) Prenatal case management;

(L) Hearing aids and related services;

(M) Eye exams and services to treat trauma or disease (one (1) pair of glasses after cataract surgery only);

(N) Home health services;

(O) Emergent (ground or air) transportation;

(P) Non-emergent transportation only for members in ME Code 78 Parents' Fair Share;

(Q) Mental health and substance abuse services;

(R) Services of other providers when referred by the health plan's primary care provider;

(S) Hospice services;

(T) Durable medical equipment (including but not limited to: orthotic and prosthetic devices, respiratory equipment and oxygen, enteral and parenteral nutrition, wheelchairs and walkers, diabetes supplies and equipment);

(U) Diabetes self-management training for persons with gestational, Type I or Type II diabetes;

(V) Services provided by local health agencies (may be provided by the health plan or through an arrangement between the local health agency and the health plan) —

1. Screening, diagnosis, and treatment of sexually transmitted diseases;

2. HIV screening and diagnostic services;

3. Screening, diagnosis, and treatment of tuberculosis; and

(W) Emergency medical services. Emergency medical services are defined as those health care items and services furnished or required to evaluate or stabilize a sudden and unforeseen situation or occurrence or a sudden onset of a medical or mental health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the failure to provide immediate medical attention could reasonably be expected by a prudent lay person, possessing average knowledge of health and medicine, to result in:

1. Placing the patient's health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or

2. Serious impairment of bodily functions; or

3. Serious dysfunction of any bodily organ or part; or

4. Serious harm to a member or others due to an alcohol or drug abuse emergency; or

5. Injury to self or bodily harm to others; or

6. With respect to a pregnant woman who is having contractions: a) that there is inadequate time to effect a safe transfer to another hospital before delivery; or b) that transfer may pose a threat to the health or safety of the woman or the unborn child.]

[(5) Individuals losing TMA shall owe a ten dollar (\$10) co-payment for certain professional services and a five dollar (\$5) co-payment in addition to the recipient portion of the professional dispensing fee for pharmacy services required by 13 CSR 70-4.051.

(A) Providers may request payment of the mandatory co-payment(s) prior to or after service delivery.

(B) The co-payment amount shall be deducted from the Medicaid maximum allowable amount for fee-for-service claims reimbursed by the Division of Medical Services.

(C) Service(s) may not be denied for failure to pay the mandatory co-payment(s).

(D) When a mandatory co-payment is not paid, the Medicaid provider will have the following options:

1. Forego the co-payment entirely;

2. Make arrangements for future payment with the recipient; or

3. File a claim with the Division of Medical Services to report the non-payment of the mandatory co-payment(s) and secure payment for the service from the Division of Medical Services.

(E) When the Division of Medical Services receives a claim from a Medicaid fee-for-service provider for non-payment of the mandatory co-payment, the division shall send a notice to the recipient —

1. Requesting that the recipient reimburse the Division of Medical Services for the mandatory co-payment made on their behalf;

2. Requesting information from the recipient to determine if the mandatory co-payment was not made because there has been a change in the financial situation of the family; and

3. Advising the recipient of the possible loss of coverage for up to six (6) months if the recipient fails to pay three (3) co-payments in one (1) year.

(F) The recipient will be allowed fourteen (14) calendar days to respond. If the recipient indicated there has been a change in the financial situation of the family, the state shall redetermine eligibility —

1. If the eligibility redetermination places the recipient in a non-mandatory co-payment category, there will be no co-payment due; or

2. If the eligibility redetermination does not place the recipient in a non-mandatory co-payment category another notice will be sent to the recipient about the mandatory co-payment provision of the program which shall include the number of co-payments that have not been paid and how many may not be paid before a recipient is terminated from the program.

(G) Notice of non-payment of mandatory co-payment(s) sent to the recipient during the course of a year shall establish a pattern of not meeting the mandatory cost sharing requirement of the program. The process to terminate eligibility shall proceed with the third failure to pay a mandatory co-payment in any one (1) year or until one (1) or more of the three (3) delinquent mandatory co-payments is made. Coverage shall begin again only after payment of one (1) or more of the three (3) co-payments or passage of six (6) months time whichever occurs first. Health care coverage shall not be retroactive.

1. A year starts at the time a co-payment is reported not paid to the Division of Medical Services;

2. Payment of a delinquent co-payment or co-payments will eliminate the failure to pay a mandatory co-payment or co-payments.

(H) Recipient(s) shall have access to a fair hearing process to appeal the disenrollment decision.

(l) If the recipient fails to pay the mandatory co-payments three (3) times within a year and is disenrolled from coverage the recipient shall not be eligible for coverage for six (6) months after the department provides notice to the recipient of disenrollment for failure to pay mandatory co-payments or until one (1) or more of the three (3) delinquent mandatory co-payments is paid. Coverage shall begin again only after payment of one (1) or more of the three (3) co-payments or passage of six (6) months whichever occurs first. Coverage shall not be retroactive.]

*[(6)](2) Uninsured women who do not qualify for other benefits, and would lose their Medicaid eligibility sixty (60) days after the birth of their child or sixty (60) days after a miscarriage are not required to pay a co-payment for **women's health** services.*

*[(7)](3) The Department of Social Services, Division of Medical Services shall provide for granting an opportunity for a fair hearing to any applicant or recipient whose claim for benefits under the Missouri Medicaid Section 1115 Health Care Reform Demonstration Proposal is denied *[or disenrollment for failure to pay mandatory co-payments has been determined]* by the Division of Medical Services. There are established positions of state hearing officer within the Department of Social Services, Division of Legal Services in order to comply with all pertinent federal and state law and regulations. The state hearing officers shall have authority to conduct state level hearings of an appeal nature and shall serve as direct representative of the director of the Division of Medical Services.*

AUTHORITY: sections 208.040, RSMo Supp. [2001] 2004 and 208.201 and 660.017, RSMo 2000. Emergency rule filed Sept. 13, 1999, effective Sept. 23, 1999, terminated Oct. 15, 1999. Original rule filed Aug. 16, 1999, effective March 30, 2000. Amended: Filed March 29, 2001, effective Oct. 30, 2001. Emergency amendment filed June 7, 2002, effective July 1, 2002, expired Dec. 27, 2002. Amended: Filed June 11, 2002, effective Nov. 30, 2002. Emergency amendment filed June 7, 2005 effective July 1, 2005, expires Dec. 27, 2005. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions an estimated 1.4 million dollars in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities a range of zero (0) to 3.1 million dollars in the aggregate based on utilization over the life of the rule.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE

PUBLIC COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-4.090 Uninsured Women's Health Program
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services Division of Medical Services	\$1.4 million

III. WORKSHEET

The private cost of uninsured women eligible for women's health services is 1.4 million dollars based on the state fiscal year 2004 utilization of Medicaid services by this eligibility category. This is an existing cost of services which remain after the elimination of the extended transitional Medicaid Assistance coverage.

The cost of mailing recipient notices to the affected individuals is \$234 which is included in the total cost of this amendment. The recipient notices are for 1,150 individuals at \$.203 per notice.

IV. ASSUMPTIONS

The proposed amendment eliminates medical services for individuals losing extended transitional medical assistance from the Uninsured Parents' Health Insurance Program.

The proposed amendment eliminates the one-year extended transitional medical assistance coverage for low-income parents with income up to 100% of the federal poverty level transitioning off Medicaid. This is an optional 1115 Waiver group. The proposed amendment eliminates 1,150 eligibles upon implementation.

With this reduction, the only remaining adult group in the 1115 Waiver is Women's Health Services for uninsured women who do not qualify for other medical assistance benefits and would lose their Medicaid eligibility sixty days after the birth of their child or a miscarriage.

FISCAL NOTE**PRIVATE COST****I. RULE NUMBER**

Rule Number and Name:	13 CSR 70-4.090 Uninsured Women's Health Program
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the count of compliance with the rule by the affected entities:
1,150	All Medicaid recipients under the uninsured parents' health insurance program excluding uninsured women	Services will be systematically denied and providers will not be reimbursed

III. WORKSHEET

The total private cost of the elimination of the uninsured parents' health insurance program, excluding uninsured women eligible for women's health services, is zero to 3.1 million dollars based on the state fiscal year 2004 utilization of Medicaid services by this eligibility category.

IV. ASSUMPTIONS

The proposed amendment eliminates medical services for individuals losing extended transitional medical assistance from the Uninsured Parents' Health Insurance Program.

The proposed amendment eliminates the one-year extended transitional medical assistance coverage for low-income parents with income up to 100% of the federal poverty level transitioning off Medicaid. This is an optional 1115 Waiver group. The proposed amendment eliminates 1,150 eligibles upon implementation.

With this reduction, the only remaining adult group in the 1115 Waiver is Women's Health Services for uninsured women who do not qualify for other medical assistance benefits and would lose their Medicaid eligibility sixty days after the birth of their child or a miscarriage.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 15—Hospital Program**

PROPOSED AMENDMENT

13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology. The Division of Medical Services is amending sections (1), (2), (3), (5), (6), (12), (13), (14), (15), (16), (17), and (18).

PURPOSE: This proposed amendment describes how the "case mix index" will be updated, documents the trend indices for State Fiscal Years 2005 and 2006, removes references to the General Relief program, removes references to "swing bed rate," describes the calculation of the safety net adjustment for specific hospitals, and describes the calculation of Medicaid payments for the uninsured beginning in State Fiscal Year 2006.

(1) General Reimbursement Principles.

(C) The Title XIX reimbursement for hospitals, excluding those located outside Missouri and in-state federal hospitals, shall include per diem payments, outpatient payments, disproportionate share payments; various Medicaid Add-On payments, as described in this rule; or a safety net adjustment, paid in lieu of Direct Medicaid Payments described in section (15) and Uninsured Add-Ons described in subsection (18)(B). Reimbursement shall be subject to availability of federal financial participation (FFP).

1. Per diem reimbursement—The per diem rate is established in accordance with section (3).

2. Outpatient reimbursement is described in 13 CSR 70-15.160.

3. Disproportionate share reimbursement—The disproportionate share payments described in section (16), and subsection (18)(B) include both the federally mandated reimbursement for hospitals which meet the federal requirements listed in section (6) and the discretionary disproportionate share payments which are allowable but not mandated under federal regulation. These Safety Net and Uninsured Add-Ons shall not exceed one hundred percent (100%) of the unreimbursed cost for Medicaid and the cost of the uninsured unless otherwise permitted by federal law.

4. Medicaid Add-Ons—Medicaid Add-Ons are described in sections (13), (14), (15), (19) and (21) and are in addition to Medicaid per diem payments. These payments are subject to the federal Medicare Upper Limit test.

5. Safety Net Adjustment—The payments described in subsection (16)(A) are paid in lieu of Direct Medicaid Payments described in section (15) and Uninsured Add-Ons described in subsection (18)(B).

(2) Definitions.

(D) Case mix index. The average Diagnosis Related Grouping (DRG) relative weight as determined from claims information filed with the Missouri Department of Health and Senior Services. This calculation will include both fee-for-service and managed care information. The DRG weight used in the calculation is the same for all years and is the weight that is associated with the latest year of data that is being analyzed (i.e., for SFY 2004, weights for [2002] 2003 are applied to all years). **The DRG weights will be updated annually using the information published by the Centers for Medicare and Medicaid Services (CMS) in the Federal Register.**

(3) Per Diem Reimbursement Rate Computation. Each hospital shall receive a Medicaid per diem rate based on the following computation.

(B) Trend Indices (TI). Trend indices are determined based on the four (4)-quarter average DRI Index for DRI-Type Hospital Market Basket as published in *Health Care Costs* by DRI/McGraw-Hill for

each State Fiscal Year (SFY) 1995 to 1998. Trend indices starting in SFY 1999 will be determined based on CPI Hospital indexed as published in *Health Care Costs* by DRI/McGraw-Hill for each State Fiscal Year (SFY).

1. The TI are—

- A. SFY 1994—4.6%
- B. SFY 1995—4.45%
- C. SFY 1996—4.575%
- D. SFY 1997—4.05%
- E. SFY 1998—3.1%
- F. SFY 1999—3.8%
- G. SFY 2000—4.0%
- H. SFY 2001—4.6%
- I. SFY 2002—4.8%
- J. SFY 2003—5.0%
- K. SFY 2004—6.2%
- L. SFY 2005—6.7%**
- M. SFY 2006—5.7%**

2. The TI for SFY 1996 through SFY 1998 are applied as a full percentage to the OC of the per diem rate and for SFY 1999 the OC of the June 30, 1998 rate shall be trended by 1.2% and for SFY 2000 the OC of the June 30, 1999 rate shall be trended by 2.4%. The OC of the June 30, 2000 rate shall be trended by 1.95% for SFY 2001.

3. The per diem rate shall be reduced as necessary to avoid any negative Direct Medicaid Payments computed in accordance with subsection (15)(B).

(5) Administrative Actions.

(B) Records.

1. All hospitals are required to maintain financial and statistical records in accordance with 42 CFR 413.20. For purposes of this plan, statistical and financial records shall include beneficiaries' medical records and patient claim logs separated for inpatient and outpatient services billed to and paid for by Missouri Medicaid (excluding cross-over claims) respectively. Separate logs for inpatient and outpatient services should be maintained for Medicaid recipients covered by managed care (MC+). All records must be available upon request to representatives, employees or contractors of the Missouri Medical Assistance Program, Missouri Department of Social Services, General Accounting Office (GAO) or the United States Department of Health and Human Services (HHS). The content and organization of the inpatient and outpatient logs shall include the following:

A. A separate Medicaid log for each fiscal year must be maintained by either date of service or date of payment by Medicaid for claims and all adjustments of those claims for services provided in the fiscal period. Lengths of stay covering two (2) fiscal periods should be recorded by date of admission. The information from the Medicaid log should be used to complete the Medicaid worksheet in the hospital's cost report;

B. Data required to be recorded in logs for each claim include:

- (I) Recipient name and Medicaid number;
- (II) Dates of service;
- (III) If inpatient claim, number of days paid for by Medicaid, classified by adults and peds, each subproviders, newborn or specific type of intensive care;
- (IV) Charges for paid inpatient days and inpatient ancillary charges for paid days classified by cost center as reported in the cost report or allowed outpatient services, classified by cost center as reported on cost report;
- (V) Noncovered charges combined under a separate heading;
- (VI) Total charges;
- (VII) Any partial payment made by third-party payers (claims paid equal to or in excess of Medicaid payment rates by third-party payers shall not be included in the log);

(VIII) Medicaid payment received or the adjustment taken; and

(IX) Date of remittance advice upon which paid claim or adjustment appeared;

C. A year-to-date total must appear at the bottom of each log page or after each applicable group total or a summation page of all subtotals for the fiscal year activity must be included with the log; and

D. Not to be included in the outpatient log are claims or line item outpatient charges denied by Medicaid or claims or charges paid from an established Medicaid fee schedule. This would include payments *[for General Relief (GR) recipients, payments]* for hospital-based physicians and certified registered nurse anesthetists billed by the hospital on a professional services claim, payments for certain specified clinical diagnostic laboratory services, or payments for services provided by the hospital through enrollment as a Medicaid provider-type other than hospital outpatient.

2. Records of related organizations, as defined by 42 CFR 413.17, must be available upon demand to those individuals or organizations as listed in paragraph (5)(B)1. of this rule.

3. The Missouri Division of Medical Services shall retain all uniform cost reports submitted for a period of at least three (3) years following the date of submission of the reports and will maintain those reports pursuant to the record keeping requirements of 42 CFR 413.20. If an audit by, or on behalf of, the state or federal government has begun but is not completed at the end of the three (3)-year period, or if audit findings have not been resolved at the end of the three (3)-year period, the reports shall be retained until resolution of the audit findings.

4. The Missouri Division of Medical Services shall maintain any responses received on this plan, subsequent changes to this plan and rates for a period of three (3) years from the date of receipt.

(6) Disproportionate Share.

(F) Hospital-specific DSH cap. Unless otherwise permitted by federal law, disproportionate share payments shall not exceed one hundred percent (100%) of the unreimbursed cost for Medicaid and the cost of the uninsured. *[The hospital-specific DSH cap shall be computed using the fourth prior year desk reviewed cost report trended thru the state fiscal year. If the sum of disproportionate share payments exceeds the estimated hospital-specific DSH cap, the difference shall be deducted in order as necessary from safety net payment, other disproportionate share lump sum payments, direct Medicaid payments, and if necessary, as a reduced per diem.]*

(12) Inappropriate Placements.

(A) The hospital per diem rate as determined under this plan and in effect on October 1, 1981, shall not apply to any recipient who is receiving inpatient hospital care when s/he is only in need of nursing home care.

1. If a hospital has an established intermediate care facility/skilled nursing facility (ICF/SNF) or SNF-only Medicaid rate for providing nursing home services in a distinct part setting, reimbursement for nursing home services provided in the inpatient hospital setting shall be made at the hospital's ICF/SNF or SNF-only rate.

[2.. If a hospital does not have an established Medicaid rate for providing nursing home services in a distinct part setting, reimbursement for nursing home services provided in the inpatient hospital setting shall be made at the state swing bed rate.]

[3./2. No Medicaid payments will be made on behalf of any recipient who is receiving inpatient hospital care and is not in need of either inpatient or nursing home care.]

(13) Trauma Add-On Payments. Hospitals that meet the following will receive additional Add-On payments.

(B) Trauma Add-On Computation. *[On an annual basis, the division will calculate the trauma Add-On payments for qualifying hospitals] Each state fiscal year, to be effective July 1 of that state fiscal year, the division will calculate the trauma add-on payments for qualifying hospitals as follows:*

1. The case mix index for Medicaid patients will be determined for the fourth prior year and the second prior year based on a federal fiscal year;

2. The percentage change will be calculated for the same time period above and then inflated by 1.5 to estimate a percentage change from the fourth prior year through the prior year (for example, for SFY 2004, the percentage change for 2000 to 2002 will be inflated to estimate a percentage change from 2000 through 2003);

3. If this estimated percentage change is positive, the hospital's current year trended cost per day prior to the assessment per day and utilization adjustment per day (estimated for SFY 2004 using the 2000 cost report with some exceptions) will be inflated by the same amount to arrive at the current year case mix adjusted cost per day;

4. The difference between the current year case mix adjusted cost per day and the current year trended cost per day prior to the assessment per day and utilization adjustment per day will be multiplied by the current year's estimated Medicaid days, resulting in the trauma Add-On payment to the hospital;

5. For subsequent years, the calculation of the trauma Add-On payment will be determined in the same manner. However, payments will be the greater of the current year calculated payment or the previous year's payment.

(C) Trauma Payment Adjustment Option.

1. If the qualifying hospital for the trauma Add-On payment has a declining case mix index for three (3) consecutive years, *[the department has the option of reviewing whether an adjustment is appropriate] the hospital will no longer be eligible to receive the trauma add-on payment.*

[(D) The Division of Medical Services will require a signed affidavit attesting to the validity of the data.]

[(E)](D) Trauma Add-On payments and trauma outlier payments will be subject to appropriations. If the amount appropriated is less than the base year amount, the current year's payments for both trauma Add-Ons and trauma outliers will be prorated based on the ratio of trauma Add-On payments to trauma outlier payments in the base year.

(14) Trauma Outlier Payments.

(A) *[Effective for services on or after July 1, 2002, o/Outlier adjustments for trauma inpatient services involving exceptionally high cost for Missouri Medicaid eligible recipients will be made to hospitals meeting the criteria established below:*

1. Hospital must be a Level I, II, or III trauma center as designated by the Missouri Department of Health and Senior Services.

(B) Claims for all dates of service eligible for trauma outlier review must—

1. Have been submitted to the Division of Medical Services fiscal agent *[for the MC+ health plan]* in their entirety for routine claims processing, and claim payment must have been made before the claims are submitted to the division for outlier review; and

2. Be submitted for outlier review with all documentation as required by the Division of Medical Services by the end of the third quarter of the current state fiscal year. The prior year's information will be used to determine the trauma outlier payment for the current state fiscal year (for example, SFY 2004 trauma outlier payments will be based on 2003 data). Out-of-state trauma claims may be included.

3. The claims for trauma inpatient services may include services provided to Medicaid eligible individuals from states outside Missouri when provided in a Missouri hospital.

4. The claim must be an inpatient that originated in the hospital emergency room or a direct admit from another hospital's emergency room and must have a [primary] diagnosis code that is included in the table of valid trauma diagnosis codes listed below:

800.00-959.99
980.00-981.99
983.00-983.99
986.00-987.99
989.00-989.99
991.00-994.99
E800.00-E999.99

5. The payment for the claim as determined by the product of days of service times the appropriate year cost per day (including the assessment per day and the utilization adjustment per day) must be less than the cost of the claim as determined by product of charges times the hospital specific cost-to-charge ratio.

(15) Direct Medicaid Payments.

(A) Direct Medicaid Payments. Direct Medicaid payments will be made to hospitals for the following allowable Medicaid costs not included in the per diem rate as calculated in section (3):

1. The increased Medicaid costs resulting from the FRA assessment [not included in the cost report ending prior to January 1, 2001] becoming an allowable cost on January 1, 1999;

2. The unreimbursed Medicaid costs applicable to the trend factor which is not included in the per diem rate;

3. The unreimbursed Medicaid costs for capital and medical education not included in the trended per diem cost as a result of the application of the sixty percent (60%) minimum utilization adjustment in paragraph (3)(A)4.;

4. The increased cost per day resulting from the utilization adjustment. The increased cost per day results from lower utilization of inpatient hospital services by Medicaid recipients now covered by an MC+ health plan;

5. The poison control adjustment shall be determined for hospitals which operated a poison control center during the base year and which continues to operate a poison control center in a Medicaid managed care region; and

6. The increased cost resulting from including out-of-state Medicaid days in total projected Medicaid days.

(16) Safety Net Adjustment. A safety net adjustment, in lieu of the Direct Medicaid Payments and Uninsured Add-Ons, shall be provided for each hospital which qualified as disproportionate share under the provision of paragraph (6)(A)4. The safety net adjustment payment shall be made prior to the end of each federal fiscal year.

[(A) The safety net adjustment for facilities which qualify under subparagraph (6)(A)4.A. of this regulation shall be computed in accordance with the Direct Medicaid Payment calculation described in section (15) and the Uninsured Add-Ons calculation in subsection (18)(B) of this regulation. The safety net adjustment will include the last three (3) quarters of the SFY ending June 30 and the first quarter of the next SFY beginning July 1 to correspond with the FFY of October 1 to September 30.]

[(B)] (A) The safety net adjustment for facilities which qualify under subparagraph (6)(A)4.B./ or (6)(A)4.C. [or (6)(A)4.D.] of this regulation shall be computed in accordance with the Direct Medicaid Payment calculation described in section (15) and [one hundred percent (100%) of] the uninsured costs calculation described in subsection (18)/[(B)](D) of this regulation. The safety net adjustment for the facilities that qualify under this subsection shall be calculated by adding an additional ten percent (10%) to the percentage that will be used to distribute either the total

annual projected cost of the uninsured population that is related to hospital services, or the DSH cap for hospitals, whichever is lower (i.e., if ninety percent (90%) is used to distribute the annual projected cost of the uninsured population that is related to hospital services or the DSH cap for hospitals, whichever is lower, then one hundred percent (100%) would be used for the facilities that qualify under this subsection). The safety net adjustment will include the last three (3) quarters of the SFY ending June 30 and the first quarter of the next SFY beginning July 1 to correspond with the FFY of October 1 to September 30.

(B) The safety net adjustment for facilities which qualify under subparagraph (6)(A)4.D. of this regulation shall be computed in accordance with the Direct Medicaid Payment calculation described in section (15) and the uninsured costs calculation described in subsection (18)(B) of this regulation. The safety net adjustment will include the last three (3) quarters of the SFY ending June 30 and the first quarter of the next SFY beginning July 1 to correspond with the FFY of October 1 to September 30.

(17) OBRA 93 Limitation. In accordance with OBRA 93, disproportionate share payments shall not exceed one hundred percent (100%) of the unreimbursed cost for Medicaid and the cost of the uninsured, unless otherwise permitted by federal law. [The OBRA 93 Limitation shall be computed using the fourth prior year desk-reviewed cost report trended through the current state fiscal year. If the sum of disproportionate share payments exceeds the estimated OBRA 93 Limitation, the difference shall be deducted in order as necessary from the Safety Net payment, other disproportionate share lump sum payments, direct Medicaid payments and if necessary as a reduced per diem.]

(18) In accordance with state and federal laws regarding reimbursement of unreimbursed costs and the costs of services provided to uninsured patients, reimbursement for each State Fiscal Year (SFY) (July 1-June 30) shall be determined as follows:

(D) Uninsured add-ons effective July 1, 2005 for all facilities except DMH safety net facilities as defined in subparagraph (6)(A)4.D. DMH safety net facilities will continue to be calculated in accordance with subsection (18)(B). The uninsured add-on for all facilities except DMH safety net facilities will be based on the following:

1. Determination of the cost of the uninsured:

A. Allocate the uninsured population as determined from the Current Population Survey (CPS), Annual Social and Economic Supplement (Table H105) as published by the U.S. Census Bureau, to the same categories of age (COA) and age groups as the managed care rate cells as determined by the Managed Care Unit of the Division of Medical Services;

B. Determine the total annual projected cost of the uninsured population by multiplying the number of uninsured for each rate cell by the average contract per member per month (PMPM) for that individual managed care rate cell multiplied by twelve (12); and

C. Determine the amount of the total annual projected cost of the uninsured population that is related to hospital services by multiplying the total annual projected cost of the uninsured population as calculated in (18)(D)2. above by the percentage of the contract PMPM for each individual rate cell that is related to hospital services. This would be the maximum amount of uninsured add-on payments that could be made to hospitals. This amount is also subject to the DSH cap;

2. Proration to individual hospitals of the cost of the uninsured calculated in paragraph (18)(D)1.

A. Determine each individual hospital's uninsured add-on payment by dividing the individual hospital's uninsured cost as determined from the fourth prior year cost report by the total uninsured cost for all hospitals as determined from the fourth

prior year cost report, multiplied by either the total annual projected cost of the uninsured population that is related to hospital services or the DSH cap for hospitals whichever is lower; and

3. For new hospitals that do not have a base cost report, uninsured payments shall be estimated as follows:

A. Hospitals receiving uninsured payments shall be divided into quartiles based on total beds;

B. Uninsured payments shall be individually summed by quartile and then divided by the total beds in the quartile to yield an average uninsured payment per bed; and

C. The numbers of beds for the new hospital without the base cost report shall be multiplied by the average uninsured payment per bed.

AUTHORITY: sections 208.152 and 208.471, RSMo Supp. [2003] 2004 and 208.153 and 208.201, RSMo 2000. This rule was previously filed as 13 CSR 40-81.050. Original rule filed Feb. 13, 1969, effective Feb. 23, 1969. For intervening history, please consult the Code of State Regulations. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment is expected to cost state agencies and political subdivisions an estimated \$110,275,104 in SFY 2006.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate over the life of the rule.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE

PUBLIC COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
139	Hospitals	Annual estimated cost: SFY 2006 = \$110,275,104

III. WORKSHEET

For SFY 2006, the estimated annual impact is based on the following:

DSH calculation using proposed methodology	\$467,030,755
DSH calculation using current methodology	<u>356,755,651</u>
Estimated annual impact	\$110,275,104

IV. ASSUMPTIONS

The increased cost is based on the change in methodology for calculating the DSH payments.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 15—Hospital Program

PROPOSED AMENDMENT

13 CSR 70-15.030 Limitatons on Payment for Inpatient Hospital Care. The Division of Medical Services is amending sections (1) and (3), deleting sections (6) and (7) by eliminating the reference of general relief and renumbering the remaining section.

PURPOSE: This amendment removes the reference to reimbursement for general relief recipients. The eligibility category general relief, which granted Medicaid coverage to unemployed adults because of temporary or permanent disabilities, was not funded by the Missouri General Assembly beginning July 1, 2005. Senate Bill 539 as enacted by the 93rd General Assembly repealed the eligibility category general relief.

(1) For inpatient hospital admissions that have been certified under 13 CSR 70-15.020 and for admissions that do not require certification, the number of days which Medicaid will cover for each admission and continuous period of hospitalization shall be limited to the lowest of subsection (1)(A), (B) or (C). *[General Relief (GR) recipients are further limited in section (7) of this rule.]*

(3) *[Except for reimbursement rates applicable to GR recipients, inpatient services as described in section (6) of this rule, r/Reimbursement shall be made at the applicable per diem rate in effect as of the initial date of admission and for only allowable days during which the recipient is eligible.*

[(6) Effective for all inpatient hospital admissions of GR assistance recipients on or after September 1, 1981, Medicaid payment for covered services provided during the allowable days of each admission shall be made at the lesser of—

(A) The rate which was in effect between the hospital and the Medicaid program on September 1, 1981; or

(B) The rate which was in effect between the hospital and the Medicaid program as of the beginning date of the hospital admission.

(7) Effective for inpatient hospital stays for GR assistance recipients beginning on or after January 1, 1982, Medicaid coverage of the number of days during any one (1) continuous period of hospitalization will be limited to a maximum of twenty-one (21) days during which the recipient is Medicaid-eligible and if twenty-one (21) days should be the lesser of allowable days as derived from provisions of sections (1) and (2).]

[(8)](6) Exception Process.

(A) An exception process to the coverage of inpatient days as determined under provisions of section (1) shall be established for post-payment consideration of inpatient claims exceeding fifteen (15) days beyond the allowable days, if requested by the provider, and the date of receipt was prior to September 1, 1986.

(B) For requests received on or after September 1, 1986, for admissions prior to July 1, 1988, post-payment consideration of inpatient claims will only be made for claims exceeding thirty (30) days beyond the allowed days. Only the days exceeding thirty (30) days beyond the allowed days are eligible for approval; days one through thirty (1–30) in excess of the allowed days are not eligible for consideration of approval nor additional reimbursement. There will be no post-payment consideration of inpatient claims for admissions on and after July 1, 1988.

(C) The state agency will conduct reviews, approve and specify any additional days which may be allowed beyond the number of days already paid, or may review recommendations submitted by either a duly appointed Medicaid utilization review subcommittee or a medical consultant licensed to practice medicine in Missouri. At its discretion, the state may concur with a recommendation and approve all days for payment, disagree and not pay any days or modify and pay some portion of the days recommended.

(D) Reimbursement for any additional days approved for acute care will be made at the hospital's per diem rate in effect on the date of admission. If a hospital has an established intermediate care facility/skilled nursing facility (ICF/SNF) or SNF-only Medicaid rate for providing nursing home services in a distinct part setting, reimbursement for any additional days approved for only ICF or SNF level of care provided in the inpatient hospital setting will be made at the hospital's ICF/SNF or SNF-only rate. If a hospital does not have an established ICF/SNF or SNF-only Medicaid rate for providing nursing home services in a distinct part setting, reimbursement for any additional days approved for only ICF or SNF level of care will be made at the statewide swing bed rate. No additional days will be approved and no Medicaid payments will be made on behalf of any recipient who it is determined received inpatient hospital care when s/he did not need either inpatient hospital services or nursing home ICF or SNF services.

(E) Requests for post-payment consideration of inpatient claims must be received no later than one (1) year from the date of discharge.

AUTHORITY: sections 208.153, [RSMo Supp. 1991] 208.162, and 208.201, RSMo [Supp. 1987] 2000. This rule was previously filed as 13 CSR 40-81.051. Emergency rule filed April 7, 1981, effective April 20, 1981, expired July 10, 1981. Original rule filed April 7, 1981, effective July 11, 1981. For intervening history, please consult the Code of State Regulations. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities a range of zero (0) to 1.1 million dollars based on the state fiscal year 2004 utilization of Medicaid inpatient hospital services by those in the general relief eligibility category.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

FISCAL NOTE

PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-15.030 Limitations on Payment for Inpatient Hospital Care
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
3,046	Medicaid General Relief Recipients	There will be full compliance since this category of Medicaid eligibles is being eliminated.

III. WORKSHEET

The total private cost of the elimination of the general relief eligibility category is zero to \$14,200,000 based on the state fiscal year 2004 utilization of Medicaid services by the General Relief eligibility category. The portion for all other Medicaid services, excluding hospital services, utilized by the General Relief eligibility category is \$11,800,000 and is being reflected in the proposed rescission of 13 CSR 70-2.020 Scope of Medical Services for General Relief Recipients. The outpatient hospital portion of the private cost (\$1,300,000) is being reflected on the proposed amendment to 13 CSR 70-15.080 Payment Method for General Relief Recipient Hospital Outpatient Services. The private cost of this proposed amendment is \$1,100,000 based on the state fiscal year 2004 utilization of Medicaid inpatient services by the General Relief eligibility category.

IV. ASSUMPTIONS

This amendment removes the reference to reimbursement for general relief recipients. The eligibility category general relief, which granted Medicaid coverage to unemployed adults because of temporary or permanent disabilities, was not funded by the Missouri General Assembly beginning July 1, 2005. Senate Bill 539 as enacted by the 93rd General Assembly repealed the eligibility category general relief.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 15—Hospital Program

PROPOSED RESCISSION

13 CSR 70-15.080 Payment Method for General Relief Recipient Hospital Outpatient Services. This rule established the method of payment to be used in computing Medicaid program reimbursement for covered hospital outpatient services provided to General Relief assistance recipients.

PURPOSE: This rule is being rescinded because the eligibility category general relief which granted Medicaid coverage to unemployed adults because of temporary or permanent disabilities was not funded by the Missouri General Assembly beginning July 1, 2005. Senate Bill 539 as enacted by the 93rd General Assembly repealed the eligibility category general relief.

AUTHORITY: section 207.020, RSMo 1986. This rule was previously filed as 13 CSR 40-81.180. Emergency rule filed July 15, 1981, effective Aug. 1, 1981 expired Oct. 10, 1981. Original rule filed July 15, 1981, effective Oct. 11, 1981. Rescinded: Filed June 15, 2005.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will cost private entities a range of zero (0) to \$1,300,000 based on the state fiscal year 2004 utilization of Medicaid outpatient hospital services by General Relief eligibility category.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE

PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-15.080 Payment Method for General Relief Hospital Outpatient Services
Type of Rulemaking:	Proposed Rescission

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
3,046	Medicaid General Relief Recipients	There will be full compliance since this category of Medicaid eligibles is being eliminated.

III. WORKSHEET

The total private cost of the elimination of the General Relief eligibility category is zero to \$14.2 million based on the state fiscal year 2004 utilization of Medicaid services by the General Relief eligibility category. The portion for all other Medicaid services, excluding hospital services, utilized by the General Relief eligibility category is \$11,800,000 and is being reflected in the proposed rescission of 13 CSR 70-2.020 Scope of Medical Services for General Relief Recipients. The inpatient hospital portion of the private cost (\$1,100,000) is being reflected on the proposed amendment to 13 CSR 70-15.030 Limitations on Payment for Inpatient Hospital Care. The private cost of this proposed amendment is \$1.3 million based on the state fiscal year 2004 utilization of Medicaid outpatient hospital services by the General Relief eligibility category.

IV. ASSUMPTIONS

This amendment removes the reference to reimbursement for general relief recipients. The eligibility category general relief, which granted Medicaid coverage to unemployed adults because of temporary or permanent disabilities, was not funded by the Missouri General Assembly beginning July 1, 2005. Senate Bill 539 as enacted by the 93rd General Assembly repealed the eligibility category general relief.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 15—Hospital Program

PROPOSED AMENDMENT

13 CSR 70-15.110 Federal Reimbursement Allowance (FRA).
The division is adding section (13).

PURPOSE: This amendment will establish the Federal Reimbursement Allowance (FRA) assessment for State Fiscal Year 2006 at five and fifty-four hundredths percent (5.54%).

(13) Federal Reimbursement Allowance (FRA) for State Fiscal Year 2006. The FRA assessment for State Fiscal Year (SFY) 2006 shall be determined at the rate of five and fifty-four hundredths percent (5.54%) of the hospital's total operating revenue less tax revenue/other government appropriations plus non-operating gains and losses as published by the Missouri Department of Health and Senior Services, Section of Health Statistics. The base financial data for 2002 will be annualized, if necessary, and will be adjusted by the trend factor listed in 13 CSR 70-15.010(3)(B) to determine revenues for the current state fiscal year. The financial data that is submitted by the hospitals to the Missouri Department of Health and Senior Services is required as part of 19 CSR 10-33.030 Reporting Financial Data by Hospitals. If the pertinent information is not available through the Department of Health and Senior Services' hospital database, the Division of Medical Services will use the Medicaid data similarly defined from the Medicaid cost report that is required to be submitted pursuant to 13 CSR 70-15.010(5)(A).

AUTHORITY: sections 208.201, 208.453 and 208.455, RSMo 2000. Emergency rule filed Sept. 21, 1992, effective Oct. 1, 1992, expired Jan. 28, 1993. Emergency rule filed Jan. 15, 1993, effective Jan. 25, 1993, expired May 24, 1993. Original rule filed Sept. 21, 1992, effective June 7, 1993. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 7, 2005, effective June 17, 2005, expires Dec. 13, 2005. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate in SFY 2006.

PRIVATE COST: This proposed amendment is expected to cost private entities \$709,765,443 in SFY 2006.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

FISCAL NOTE

PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-15.110 Federal Reimbursement Allowance (FRA)
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
131	Hospitals	Annual estimated cost: SFY 2006 = \$709,765,443

III. WORKSHEET

The fiscal note is based on establishing the SFY 2006 FRA assessment percentage at five and fifty-four hundredths percent (5.54%).

IV. ASSUMPTIONS

The SFY 2006 FRA assessment is based on total operating revenue less tax revenue/other government appropriations plus non-operating gains and losses of approximately \$12,828,419,801 multiplied by five and fifty-four hundredths percent (5.54%). The 131 hospitals reported above include 40 hospitals that are owned or controlled by state, county, city or hospital districts. The impact of these hospitals is \$115,570,883.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 15—Hospital Program

PROPOSED AMENDMENT

13 CSR 70-15.160 Prospective Outpatient Hospital Services Reimbursement Methodology. The Division of Medical Services is amending section (1).

PURPOSE: This amendment removes the reference to reimbursement for general relief recipients. The eligibility category general relief, which granted Medicaid coverage to unemployed adults because of temporary or permanent disabilities, was not funded by the Missouri General Assembly beginning July 1, 2005. Senate Bill 539 as enacted by the 93rd General Assembly repealed the eligibility category general relief.

(1) Prospective Outpatient Hospital Services Reimbursement Percentage for Hospitals Located Within Missouri.

(C) Outpatient hospital services reimbursement limited by rule.

[1. All services provided to General Relief (GR) recipients will be reimbursed from the Medicaid fee schedule in accordance with provisions of 13 CSR 70-2.020.]

[2.]1. Effective for dates of service September 1, 1985, and annually updated, certain clinical diagnostic laboratory procedures will be reimbursed from a Medicaid fee schedule which shall not exceed a national fee limitation.

[3.]2. Services of hospital-based physicians and certified registered nurse anesthetists shall be billed on an HCFA-1500 professional claim form which is incorporated by reference as part of this rule, and reimbursed from a Medicaid fee schedule or the billed charge, if less.

[4.]3. Outpatient hospital services provided for those recipients having available Medicare benefits shall be reimbursed by Medicaid to the extent of the deductible and coinsurance as imposed under Title XVIII.

AUTHORITY: sections 208.152, 208.153, 208.162, and 208.201, RSMo 2000 and 208.471, RSMo Supp. [2003] 2004. Emergency rule filed June 20, 2002, effective July 1, 2002, expired Feb. 27, 2003. Original rule filed June 14, 2002, effective Jan. 30, 2003. Amended: Filed May 3, 2004, effective Oct. 30, 2004. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate in SFY 2006.

PRIVATE COST: This proposed amendment will cost private entities a range of zero (0) to 1.3 million dollars based on SFY 2004 utilization.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE

PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-15.160 Prospective Outpatient Hospital Services Reimbursement Methodology
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
3,046	Medicaid General Relief Recipients	There will be full compliance since this category of Medicaid eligibles is being eliminated.

III. WORKSHEET

The total private cost of the elimination of the General Relief eligibility category is zero to 14.2 million dollars based on the state fiscal year 2004 utilization of Medicaid services by the General Relief eligibility category. The portion for all other Medicaid services, excluding hospital services, utilized by the General Relief eligibility category is 11.8 million dollars and is being reflected in the proposed rescission of 13 CSR 70-2.020 Scope of Medical Services for General Relief Recipients. The inpatient hospital portion of the private cost (1.1 million dollars) is being reflected on the proposed amendment to 13 CSR 70-15.030 Limitations on Payment for Inpatient Hospital Care. The private cost of this proposed amendment is 1.3 million dollars based on the state fiscal year 2004 utilization of Medicaid outpatient hospital services by the General Relief eligibility category.

IV. ASSUMPTIONS

This amendment removes the reference to reimbursement for general relief recipients. The eligibility category general relief, which granted Medicaid coverage to unemployed adults because of temporary or permanent disabilities, was not funded by the Missouri General Assembly beginning July 1, 2005. Senate Bill 539 as enacted by the 93rd General Assembly repealed the eligibility category general relief.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 35—Dental Program

PROPOSED AMENDMENT

13 CSR 70-35.010 Dental Benefits and Limitations, Medicaid Program. The Division of Medical Services is amending the Purpose statement and sections (1), (2), (3), (4), (9), and (10); deleting sections (5), (6), (7), and (8); adding a new section; and deleting all forms following this regulation in the *Code of State Regulations*.

PURPOSE: This amendment informs Medicaid providers where they can find information about the Medicaid dental benefit and eliminates dental coverage for all recipients who are not eligible needy children, pregnant women or blind persons as approved through Senate Substitute for Senate Bill 539 enacted by the 93rd General Assembly.

PURPOSE: This rule describes the dental services for which the Division of [Family] Medical Services shall pay when the service is provided to an eligible assistance recipient, the service is provided by a licensed dentist, licensed dental hygienist, or licensed and certified dental specialist who has entered into an agreement for that purpose with the division and the service is listed as a covered item [either] in [the new rule or] the Medicaid Dental Manual sponsored by the division. [This rule or t]The Medicaid Dental Manual [also] describes the dental services which shall be paid under limitations and those which shall not be paid under present conditions.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Administration. The Missouri Medicaid dental program shall be administered by the Division of Medical Services, Department of Social Services. The dental services covered and not covered, the limitations under which services are covered and the maximum allowable fees for all covered services shall be determined by the Division of Medical Services[,] and shall be included in the Medicaid Dental Provider Manual, which is incorporated by reference and made part of this rule as published by the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65102, at its website at www.dss.mo.gov/dms, July 15, 2005. This rule does not incorporate any subsequent amendments or additions. Dental services covered by the Missouri Medicaid program shall include only those which are clearly shown to be medically necessary. The division reserves the right to effect changes in services, limitations and fees with proper notification to Medicaid dental providers.

(2) Provider Participation. A dentist shall be licensed by the dental board of the state in which s/he is practicing and shall have signed a participation agreement to provide dental services under the Missouri Medicaid program. An oral surgeon or other dentist specialist shall be licensed in his/her specialty area by the dental board of the state in which s/he is practicing. In those states not having a specialty licensure requirement, the dentist specialist shall be a graduate of and hold a certificate from a graduate training program in that specialty in an accredited dental school. In either case, the dental specialist shall have signed a participation agreement to provide dental services under the Missouri Medicaid program. **A dental hygienist**

shall be licensed by the dental board of the state for at least three (3) consecutive years and practicing in a public health setting to provide fluoride treatments, teeth cleaning and sealants to Medicaid/MC+ eligible children ages zero (0) to twenty (20).

(3) Recipient Eligibility. The Medicaid dental provider shall ascertain the patient's Medicaid status before any service is performed. The recipient's Medicaid/MC+ eligibility is determined by the **Family Support Division [of Family Services]**. The recipient's eligibility shall be verified from a current Medicaid/MC+ identification card or a letter of new approval in the recipient's possession. The patient must be a Medicaid-eligible recipient under the Missouri Medicaid/MC+ program on the date the service is performed. The Division of Medical Services is not allowed to pay for any service to a patient who is not eligible under the Missouri Medicaid/MC+ program. **Medicaid reimbursement of dental services shall be limited to Medicaid eligible needy children or persons receiving Medicaid under a category of assistance for pregnant women or the blind. Dental services for all other categories of assistance must be prior authorized, physician-ordered and related to trauma of the mouth, jaw, teeth, or other contiguous sites as a result of injury or treatment of a medical condition without which the health of the individual would be adversely affected.**

(4) Prior Authorization. *[Prior authorization shall be required in the following two (2) cases: a) initial placement or replacement of all full dentures (upper, lower or both) and b) placement or replacement of all partial dentures.]* When prior authorization is required, the form provided by the Division of Medical Services or its contracted agent shall be used. The dental service shall not be started until written approval has been received. Telephone approval shall not be given. Prior authorization shall be effective for a period of one hundred twenty (120) days from the date of written approval. Prior authorization approves the medical necessity of the requested dental service. It shall not guarantee payment for that service as the patient must be a Medicaid-eligible recipient on the date the service is performed. The division reserves the right to request documentation regarding any specific request for prior authorization.

[(5) Claims. The Medicaid dental provider shall submit his/her usual charge to the general public on the claim form provided by the Division of Medical Services or its contracted agent. Medicaid reimbursement for dental services is based on an established fee schedule as published in Section 19 of the Dental Manual. When a claim is reimbursed by Medicaid (or Medicare-Medicaid), no amount in addition to copayment or coinsurance amounts as specified in Section 19 of the Dental Manual shall be collected from the recipient, his/her immediate family or anyone else. The reimbursement provided by Medicaid (or Medicare-Medicaid) shall be accepted in full settlement of the dental claim. The recipient shall be responsible for any noncovered service (no reimbursement). The division reserves the right to request documentation regarding any specific dental claim.]

[(6) Other Source Payment. The Medicaid payment for dental services cannot duplicate or replace benefits available to the recipient from any other source, public or private. A settlement received from private insurance or litigation as the result of an accident must be used toward payment of the dental care. Medicaid shall be the last source of payment on any claim. Any payment received from a private insurance carrier or other acceptable source shall be listed on the claim form. If the settlement received is equal to or exceeds the fee which could be allowed by Medicaid, no payment shall be made by Medicaid.]

[(7) *Dental Certification.* A dental certification form as provided by the Division of Medical Services or its contracted agent shall be completed in the case of any denture, partial or full, except for those flipper-type partials identified in the Dental Services Provider Manual. This completed form shall be attached to the claim and the request for prior authorization.]

[(8) *Dental Manual.* A Medicaid Dental Manual shall be produced by the Division of Medical Services and shall be distributed to all dental providers participating in the Missouri Medicaid program. It shall contain a list of covered and non-covered services, the limitations under which services are covered and other pertinent data to supplement this rule. The Health Care Financing Administration's Common Procedure Coding System (HCPCS) Level 1, 2 or 3 procedure codes, which includes a modification of the American Dental Association's (ADA) Code on Dental Procedures and Nomenclature shall be used in the manual. Maximum allowable fees by the Missouri Medicaid Dental Program shall be published in provider manuals and bulletins.]

[(9)](5) *Services, Covered and Noncovered.* [The list shown in this section represents the groupings of medically necessary services covered by the Missouri Medicaid program.] The Medicaid Dental Manual shall provide the detailed listing of procedure codes and pricing information for services covered by the Missouri Medicaid Dental program.

[(A) *Anesthesia.* General anesthesia administered in the office is a covered service. General anesthesia administered in the hospital for dental care is payable to the hospital. Local anesthesia is not paid under a separate procedure code and is included in the treatment fee. Nitrous oxide is not covered;

[(B) *Crowns, Bridges, Inlays.* A crown of chrome or stainless steel is a covered item. A crown of polycarbonate material is a covered item for an anterior tooth. Crowns of other materials are not covered. Cast restorations indicated by an early periodic screening diagnosis and treatment (EPSDT) screen are covered;

[(C) *Full Dentures.* One (1) upper full denture, one (1) lower full denture, or one (1) complete set (upper and lower) of full dentures is covered. A full denture must be constructed of acrylic material and must meet the following criteria: full arch impression, bite registration, each tooth set individually in wax, try-in of teeth set individually in wax before denture processing, insertion of the processed denture and six (6)-month follow-up adjustments, to be a covered item. Service in the case of any full denture is not completed and shall not be claimed until the denture is placed. Noncovered items include temporary full dentures, full overdentures and immediate placement full dentures;

[(D) *Partial Dentures.* A partial denture shall replace permanent teeth and must be constructed of acrylic material to be a covered item. Service in the case of any partial denture is not completed and shall not be claimed until the denture is placed. Noncovered items include temporary partial dentures and partial overdentures. Immediate placement partial dentures are noncovered except for those flipper-type partials identified in the Dental Services Provider Manual under procedure codes D5820, D5820W5, D5820W6, D5820W9, D5821, D5821W5, D5821W6, D5821W9;

[(E) *Denture Adjustment and Repair.* Denture adjustment is a covered service but not to the originating dentist of a new denture until six (6) months after the denture is placed. Repair of a broken denture may be accomplished on the same date of service as denture duplication or relining;

[(F) *Denture Duplication and Reline.* Duplication of a partial or full denture is a covered service. Reline of a partial or full denture, either chairside or laboratory, is covered. Duplications and relines are not covered within twelve (12) months of initial placement of an original denture. Additional denture relines or duplications are limited to once within three (3) years from the date of the last preceding reline or duplication. Denture duplication or reline may be accomplished on the same date of service as repair of a broken denture;

[(G) *Emergency Treatment.* Emergency dental care does not require prior authorization and is covered whether performed by a licensed dentist or a licensed dentist specialist. Emergency care is provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention reasonably could be expected to result in—placing the patient's health in serious jeopardy or serious impairment of bodily functions or serious dysfunction of any bodily organ or part. Emergency care not listed in the Medicaid Dental Manual shall be explained on the claim. An emergency oral examination is not paid under a separate procedure code and is included in the treatment fee. Palliative treatment on the same date of service as other dental care on the same tooth is not covered. Denture dental services are not subject to emergency treatment consideration;

[(H) *Examinations, Visits, Consultations.* An initial oral examination in the office is covered. Subsequent office medical services are covered. A professional visit to a nursing home is covered and shall include the fee for an oral examination. A professional visit to a hospital is covered and shall include the fee for an oral examination. A consultation by a dentist is a covered service and shall include the fee for an oral examination;

[(I) *Extractions.* Extraction fees for permanent and deciduous teeth, as listed in the Medicaid Dental Manual, apply whether the service is performed in the office, hospital or ambulatory surgical center. Preoperative X rays involving extractions may be covered but postoperative X rays are not covered;

[(J) *Preventive Treatment.* Fluoride treatment may be covered but is limited to the application of stannous fluoride or acid phosphate fluoride. Sodium fluoride treatments are not covered. Fluoride treatment shall include both the upper and lower arch and shall be a separate service from prophylaxis. Fluoride treatment for recipients under age twenty-one (21) is covered. Fluoride treatment for recipients age twenty-one (21) and over is limited to individuals with rampant caries, or those who are undergoing radiation therapy to head and neck, or those with diminished salivary flow, or individuals who are mentally retarded or have cemental or root surface caries secondary to gingival recession. For recipients ages five through twenty (5–20), topical application of sealants as outlined in Section 19 of the Medicaid Dental Manual is covered. Dietary planning, oral hygiene instruction and training in preventive dental care are not covered;

[(K) *Hospital Dental Care.* Dental services provided in an inpatient hospital or an outpatient hospital place of service are subject to the same general benefits and limitations applicable to all dental services and all are not selectively restricted based on place of service;

[(L) *Injections.* Procedure codes for the injections which are covered shall be shown in Section 19 of the Dental Manual;

[(M) *Oral Surgery (or Other Qualified Dentist Specialist).* Oral surgery is limited to medically necessary care. Cosmetic oral surgeries shall not be paid. Procedures as covered for a certified oral surgeon (or other qualified dentist specialist)

shall be indicated in the Medicaid Dental Manual. A medically necessary oral surgery procedure not specifically listed in the Medicaid Dental Manual may be billed using the procedure code identified in the dental manual as Unspecified. The Unspecified procedure must be explained on the claim form.

(N) Orthodontic Treatment/Space Management Therapy. Medically necessary minor orthodontic appliances for interceptive and oral development as listed in the Medicaid Dental Manual are covered. Fixed space maintainers are covered for the premature loss of deciduous teeth. Medically necessary orthodontic treatment and space maintainers for recipients under age twenty-one (21) is covered when indicated by an EPSDT screen and prior authorized;

(O) Periodontic Treatment. A gingivectomy or gingivoplasty is allowed for epileptic patients on Dilantin therapy, or medically necessary drug-induced hyperplasia. Limited occlusal adjustment is covered when it is necessary as emergency treatment. Other periodontic procedures are not covered;

(P) Prophylaxis (Preventive). Prophylaxis may be a covered service for the upper arch, the lower arch or both arches. Prophylaxis shall be a separate service from fluoride treatment and shall include scaling and polishing of the teeth;

(Q) Pulp Treatment (Endodontic). A pulpotomy on deciduous teeth is covered and shall include complete amputation of the vital coronal nerve, with placement of a suitable drug over the remaining exposed tissue. The fee excludes final restoration. Pulp vitality tests and pulp caps are not covered;

(R) Restorations (Fillings). Fees for any restorative care listed in the Medicaid Dental Manual apply whether the service is performed in the office, hospital, ambulatory surgical center or nursing facility. Amalgam fillings are covered for Class I, Class II and Class V restorations on posterior teeth. A maximum fee shall apply for any one (1) posterior tooth and shall include polishing, local anesthesia and treatment base. Silicate cement, acrylic or composite fillings are not covered for Class I and Class II restorations but are covered for Class III, Class IV and Class V restorations on anterior teeth. A maximum fee shall apply for any one (1) anterior tooth and shall include polishing, local anesthesia and treatment base. Fillings of other materials are not covered, except when a sedative filling is necessary as emergency treatment. X rays may be covered;

(S) Root Canal Therapy (Endodontic). Root canal therapy is a covered service for permanent teeth. The fee excludes final restoration but includes all in treatment X rays. Preoperative and postoperative X rays may be reimbursed. An apicoectomy is a covered service for permanent teeth but not on the same day as a root canal. Excluding a pulpotomy, other endodontic procedures are not covered; and

(T) X rays. X rays shall not be submitted routinely with a request for prior authorization or with a claim, unless the practitioner shall have been specifically requested to submit X rays. X rays shall be taken at the discretion of the dental practitioner. Films which are not of diagnostic value shall not be claimed. X rays to be covered shall be of the intraoral type, except when a panoramic-type film is required. A preoperative full-mouth X-ray survey of permanent or deciduous teeth, or mixed dentition, is covered as described in the Medicaid Dental Manual. Medically necessary X rays of an edentulous mouth are covered.]

[[10]] (6) General Regulations. General regulations of the Missouri Medicaid program apply to the dental program.

(7) Records Retention. The enrolled Medicaid dental provider shall agree to keep any records necessary to disclose the extent of

services the provider furnishes to recipients. These records must be retained for five (5) years from the date of service. Fiscal and medical records coincide with and fully document services billed to the Medicaid agency. Providers must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal or retain adequate documentation for services billed to the Medicaid program, as specified above, is a violation of this regulation.

AUTHORITY: sections 208.152, RSMo Supp. [1990] 2004, 208.153, [RSMo Supp. 1991] and 208.201, RSMo [Supp. 1987] 2000, and Senate Substitute for Senate Bill 539 enacted by the 93rd General Assembly, 2005. This rule was previously filed as 13 CSR 40-81.040. Original rule filed Jan. 21, 1964, effective Jan. 31, 1964. For intervening history, please consult the Code of State Regulations. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities a range of zero (0) to 28.4 million dollars annually based on the state fiscal year 2004 utilization of Medicaid Dental Program services.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

FISCAL NOTE

PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-35.010 Dental Program
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would like be affected:	Estimate in the aggregate as to the count of compliance with the rule by the affected entities:
370,000 The above number is net after adjusting for eligibles who no longer qualify for Medicaid based on Senate Bill 539 provisions	All Medicaid recipients excluding eligible needy children, pregnant women, and blind persons unless physician-ordered dental services are related to trauma or a medical condition	Services will be systematically denied and providers will be not be reimbursed unless physician-ordered dental services related to trauma or a medical condition are prior authorized

III. WORKSHEET

The private cost of this proposed amendment is \$28.4 million based on the state fiscal year 2004 utilization of Medicaid Dental Program services. The amount excludes payments for services for children, pregnant women and blind.

IV. ASSUMPTIONS

The proposed amendment revises the Dental Program benefit for recipients who are not Medicaid eligible needy children and for those who are not receiving Medicaid assistance through a category of assistance for pregnant women and the blind to include coverage for all dental services, unless the prior authorized, physician-ordered dental service is related to: trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury; or treatment of a medical condition without which the health of the individual would be adversely affected.

The Dental Program benefit for Medicaid eligible needy children and individuals eligible to receive Medicaid under a category of assistance for pregnant women and the blind will remain unchanged and includes coverage for all dental services.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 60—Durable Medical Equipment Program

PROPOSED AMENDMENT

13 CSR 70-60.010 Durable Medical Equipment Program. The Division of Medical Services is amending the Purpose and sections (1), (2), (6), and (8).

PURPOSE: This amendment eliminates coverage of certain items of durable medical equipment for individuals who are not Medicaid eligible needy children or receiving Medicaid under a category of assistance for pregnant women or the blind.

PURPOSE: This rule establishes the regulatory basis for the administration of the Medicaid durable medical equipment program, designation of professional persons who may dispense durable medical equipment and the method of reimbursement for durable medical equipment. This rule provides for such methods and procedures relating to the utilization of, and the payment for, care and services available under the Medicaid program as may be necessary to safeguard against unnecessary utilization of such care and services and to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area. Specific details of the conditions for provider participation, criteria and methodology of provider reimbursement, recipient eligibility and amount, duration and scope of services covered are included in the durable medical equipment provider program manual which is incorporated by reference in this rule and available at the website [www.medicaid.state.mo.us] www.dss.mo.gov/dms.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Administration. The Medicaid durable medical equipment (DME) program shall be administered by the Department of Social Services, Division of Medical Services. The services and items covered and not covered, the program limitations and the maximum allowable fees for all covered services shall be determined by the Department of Social Services, Division of Medical Services and shall be included in the DME provider manual, which is incorporated by reference *[in]* and made a part of this rule *[and available through]* as published by the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65102, at its website at *[www.medicaid.state.mo.us]*. The division reserves the right to affect changes in services, limitations and fees with notification to DME providers. *www.dss.mo.gov/dms, July 15, 2005. This rule does not incorporate any subsequent amendments or additions.*

(2) Persons Eligible. Any person who is eligible for Title XIX benefits as determined by the Family Support Division *[of Family Services]* is eligible for DME when the DME is medically necessary as determined by the treating physician or advanced practice nurse in a collaborative practice arrangement. Covered services are limited as specified in section (6) of this rule.

(6) Covered Services. It is the provider's responsibility to determine the coverage benefits for a Medicaid eligible recipient based on his

or her type of assistance as outlined in the DME manual. Reimbursement will be made to qualified participating DME providers only for DME items, determined by the recipient's treating physician or advanced practice nurse in a collaborative practice arrangement to be medically necessary~~/, and/~~. Covered services include the following items: prosthetics, excluding an artificial larynx; ostomy supplies; diabetic supplies and equipment; oxygen and respiratory equipment, excluding CPAPs, BiPAPs, nebulizers, IPPB machines, humidification items, suction pumps and apnea monitors; and wheelchairs, excluding wheelchair accessories and scooters. Covered services for Medicaid eligible needy children or persons receiving Medicaid under a category of assistance for pregnant women or the blind shall include but not be limited to: prosthetics; orthotics; oxygen and respiratory care equipment; parenteral nutrition; ostomy supplies; diabetic supplies and equipment; decubitus care equipment; wheelchairs; wheelchair accessories and scooters; augmentative communication devices; and hospital beds. Specific procedure codes that are covered under the DME program are listed in Section 19 of the DME provider manual, which is incorporated by reference *[in]* and made a part of this rule as published by the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65102, at its website at *www.dss.mo.gov/dms, July 15, 2005. This rule does not incorporate any subsequent amendment or additions.* These items must be for use in the recipient's home when ordered in writing by the recipient's physician or advanced practice nurse in a collaborative practice arrangement. Although an item is classified as DME, it may not be covered in every instance. Coverage is based on the fact that the item is reasonable and necessary for treatment of the illness or injury, or to improve the functioning of a malformed or permanently inoperative body part and the equipment meets the definition of DME. Even though a DME item may serve some useful, medical purpose, consideration must be given by the physician or advanced practice nurse in a collaborative arrangement and the DME supplier to what extent, if any, it is reasonable for Medicaid to pay for the item as opposed to another realistically feasible alternative pattern of care. Consideration should be given by the physician or advanced practice nurse in a collaborative practice arrangement and the DME supplier as to whether the item serves essentially the same purpose as equipment already available to the recipient. If two (2) different items each meet the need of the recipient, the less expensive item must be employed, all other conditions being equal.

(8) Durable medical equipment for recipients who are in a nursing facility or inpatient hospital. DME is not covered for those recipients residing in a nursing home. DME is included in the nursing home per diem rate and not paid for separately with the exception of *[augmentative communication devices,]* custom and power wheelchairs, *[orthotic and]* prosthetic devices, *[total parenteral nutrition,]* and volume ventilators. DME that is used while the recipient is in inpatient hospital care is not paid for separately under the DME program. These costs are recognized as part of the hospital's inpatient per diem rate.

AUTHORITY: sections 208.153 and 208.201, RSMo 2000. Original rule filed Nov. 1, 2002, effective April 30, 2003. Amended: Filed June 15, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities a range of zero (0) to 24.9 million dollars annually based on utilization.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of the Director, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice, in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE**PRIVATE COST****I. RULE NUMBER**

Rule Number and Name:	13 CSR 70-60.010 Durable Medical Equipment Program
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the count of compliance with the rule by the affected entities:
<p>370,000</p> <p>The above number is net after adjusting for eligibles who no longer qualify for Medicaid based on Senate Bill 539 provisions</p>	<p>All Medicaid recipients excluding eligible needy children, pregnant women, and blind persons</p>	<p>Services will be systematically denied and providers will not be reimbursed</p>

III. WORKSHEET

The private cost of this proposed amendment is \$24.9 million based on the state fiscal year 2004 utilization of Medicaid Durable Medical Equipment Program services. The amount excludes payments for services for children, pregnant women and blind.

IV. ASSUMPTIONS

The proposed amendment revises the Durable Medical Equipment Program benefit for recipients who are not Medicaid eligible needy children and for those who are not receiving Medicaid assistance through a category of assistance for pregnant women and the blind to include coverage of the following items: prosthetics excluding an artificial larynx; ostomy supplies; diabetic supplies and equipment; oxygen and respiratory equipment excluding CPAPs, BiPAPs, nebulizers, IPPB machines, humidification items, suction pumps and apnea monitors; and wheelchairs excluding wheelchair accessories and scooters.

The Durable Medical Equipment Program benefit for Medicaid eligible needy children and individuals eligible to receive Medicaid under a category of assistance for pregnant women and the blind will remain unchanged and includes but is not limited coverage of the following items: prosthetics; orthotics; oxygen and respiratory care equipment; parenteral nutrition; ostomy supplies; diabetic supplies and equipment, decubitus care equipment, wheelchairs, wheelchair accessories and scooters; augmentative communication devices; and hospital beds.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 60—Missouri Health Facilities Review
Committee
Chapter 50—Certificate of Need Program**

PROPOSED AMENDMENT

19 CSR 60-50.430 Application Package. The Committee proposes to amend paragraph (4)(C)1. and section (6).

PURPOSE: This rule is amended because the Missouri CON Rulebook has been updated to include the 2010 population projections just released that are necessary to incorporate five (5)-year planning horizons.

(4) The Proposal Description shall include documents which:

(C) Proposals for new hospitals, new or additional long-term care (LTC) beds, or new major medical equipment must define the community to be served:

1. Describe the service area(s) population using year [2005/2010] populations and projections which are consistent with those provided by the Bureau of Health Data Analysis which can be obtained by contacting:

Chief, Bureau of Health Data Analysis
Center for Health Information Management and Evaluation
(CHIME)
Department of Health and Senior Services
PO Box 570, Jefferson City, MO 65102
Telephone: (573) 751-6278

There will be a charge for any of the information requested, and seven to fourteen (7–14) days should be allowed for a response from the CHIME. Information requests should be made to CHIME such that the response is received at least two (2) weeks before it is needed for incorporation into the CON application.

2. Use the maps and population data received from CHIME with the CON Applicant's Population Determination Method to determine the estimated population, as follows:

A. Utilize all of the population for zip codes entirely within the fifteen (15)-mile radius for LTC beds or geographic service area for hospitals and major medical equipment;

B. Reference a state highway map (or a map of greater detail) to verify population centers (see Bureau of Health Data Analysis information) within each zip code overlapped by the fifteen (15)-mile radius or geographic service area;

C. Categorize population centers as either "in" or "out" of the fifteen (15)-mile radius or geographic service area and remove the population data from each affected zip code categorized as "out";

D. Estimate, to the nearest ten percent (10%), the portion of the zip code area that is within the fifteen (15)-mile radius or geographic service area by "eyeballing" the portion of the area in the radius (if less than five percent (5%), exclude the entire zip code);

E. Multiply the remaining zip code population (total population less the population centers) by the percentage determined in (4)(C)2.D. (due to numerous complexities, population centers will not be utilized to adjust overlapped zip code populations in Jackson, St. Louis, and St. Charles counties or St. Louis City; instead, the total population within the zip code will be considered uniform and multiplied by the percentage determined in (4)(C)2.D.);

F. Add back the population center(s) "inside" the radius or region for zip codes overlapped; and

G. The sum of the estimated zip codes, plus those entirely within the radius, will equal the total population within the fifteen (15)-mile radius or geographic service area.

3. Provide other statistics, such as studies, patient origin or discharge data, Hospital Industry Data Institute's information, or con-

sultants' reports, to document the size and validity of any proposed user-defined "geographic service area";

(6) The most current version of Forms MO 580-2501, MO 580-2502, MO 580-2503, MO 580-2504, MO 580-2505, MO 580-1861, MO 580-1869 and MO 580-1863 may be obtained by mailing a written request to the Certificate of Need Program (CONP), 915G Leslie Boulevard, Jefferson City, MO 65101, or in person at the CONP Office, or, if technically feasible, by downloading a copy of the forms from the CONP website at [www.dhss.state.mo.us/con/] www.dhss.mo.gov/con.

AUTHORITY: section 197.320, RSMo 2000. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. For intervening history, please consult the Code of State Regulations. Emergency amendment filed June 8, 2005, effective July 1, 2005, expires Dec. 30, 2005. Amended: Filed June 8, 2005.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support or in opposition to this proposed amendment with Thomas R. Piper, Director, Certificate of Need Program, 915G Leslie Blvd., Jefferson City, MO 65101. To be considered, comments must be received by 12:00 p.m. (noon) on August 15, 2005. A public hearing has been scheduled for August 15, 2005, at 10:00 a.m. at the Certificate of Need Program Office located at 915G Leslie Blvd., Jefferson City, Missouri.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,
Limits**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.431 is amended.

This rule establishes seasons and limits for deer hunting and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.431 by changing provisions for hunting deer.

3 CSR 10-7.431 Deer Hunting Seasons: General Provisions

PURPOSE: This amendment establishes general provisions for hunting deer and updates the annual Fall Deer and Turkey Hunting Regulations and Information booklet.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more

than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The annual *Fall Deer & Turkey Hunting Regulations and Information* booklet for 2005 is hereby adopted as a part of this Code and by this reference herein incorporated. A printed copy of this booklet can be obtained from the Missouri Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180 and is online at www.missouriconservation.org. This rule does not incorporate any subsequent amendments or additions.

(2) Deer shall mean white-tailed deer and mule deer. Antlered deer shall mean deer with at least one (1) antler at least three inches (3") long, except as provided in 3 CSR 10-7.435. Deer may be pursued, taken, killed, possessed or transported only as permitted in this Code.

(3) Persons hunting or pursuing deer must possess a prescribed deer hunting permit. Resident landowners and lessees can qualify for no-cost permits; nonresident landowners can qualify for reduced-cost permits.

(4) Deer may be pursued or taken only from one-half (1/2) hour before sunrise until one-half (1/2) hour after sunset.

(5) Deer Hunting Methods.

(A) Archery: longbows and compound bows.

(B) Muzzleloader: muzzleloading or cap-and-ball firearms, .40 caliber or larger, not capable of being loaded from the breech.

(C) Any legal method: archery and muzzleloader methods; cross-bows; shotguns; handguns or rifles firing centerfire ammunition.

(D) Prohibited, in use or possession:

1. Methods restricted by local ordinance.

2. Self-loading firearms with capacity of more than eleven (11) cartridges in magazine and chamber combined.

3. Ammunition propelling more than one (1) projectile at a single discharge, such as buckshot.

4. Full hard metal case projectiles.

5. Fully automatic firearms.

(6) Deer may not be hunted, pursued, taken or killed:

(A) While in a stream or other body of water.

(B) From a boat with a motor attached.

(C) With the aid of a motor-driven land conveyance or aircraft.

(D) With the aid of dogs, in use or possession.

(E) With the aid of artificial light or night vision equipment.

(F) Within any area enclosed by a fence greater than seven feet (7') in height that could contain or restrict the free range of deer. Exceptions are provided in other rules or by written authorization of the director.

(G) With the aid of bait (grain or other feed placed or scattered so as to constitute an attraction or enticement to deer). Scents and minerals, including salt, are not regarded as bait. An area is considered baited for ten (10) days following complete removal of bait. Hunters can be in violation even if they did not know an area was baited. It is illegal to place bait in a way that causes others to be in violation of the baiting rule.

(7) During the firearms deer hunting season and during managed firearms deer hunts on those areas where such hunts are held, all persons hunting any game and also adults accompanying youths hunting deer on a Youth Deer and Turkey Hunting Permit, must wear a hat and a shirt, vest, or coat of the color commonly known as hunter orange, which must be plainly visible from all sides. The following are exempt from this requirement:

(A) Migratory game bird hunters;

- (B) Archery permittees during the muzzleloader portion;
- (C) All hunters in counties closed during the urban counties and antlerless portions;
- (D) Hunters using archery methods while hunting within municipal boundaries where discharge of firearms is prohibited;
- (E) Hunters on federal or state public hunting areas and during managed hunts where deer hunting is restricted to archery or cross-bow methods; and
- (F) Hunters of small game and/or furbearers during the muzzleloader portion.

(8) Hunters who kill or injure a deer must make a reasonable effort to retrieve and tag it, but this does not authorize trespass.

(9) Hunters who take a deer must tag it immediately with the transportation tag portion of the permit; detaching the transportation tag voids the permit. All deer taken must be accurately reported through the Telecheck Harvest Reporting System by 10:00 p.m. on the day taken by the taker or in the taker's immediate presence. The Telecheck confirmation number must be recorded immediately on the deer hunting permit as indicated on the permit, and immediately attached to the deer by the taker. The transportation tag and deer hunting permit with confirmation number must remain attached to the intact or field-dressed carcass until the deer is processed. All deer must be reported through the Telecheck Harvest Reporting System prior to being removed from the state.

(10) Deer (or parts thereof) reported in accordance with established procedures, when labeled with the full name, address, and confirmation number of the taker, may be possessed, transported, and stored by anyone. Commercially processed deer meat may be donated to not-for-profit charitable organizations under guidelines established by the director.

SUMMARY OF PUBLIC COMMENT: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed June 8, 2005, effective **July 15, 2005**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.432 is amended.

This rule establishes seasons and limits for deer hunting and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.432 by changing provisions for hunting deer.

3 CSR 10-7.432 Deer: Archery Hunting Season

PURPOSE: This amendment changes the archery deer hunting season, limits and provisions for hunting.

(1) The archery deer hunting season is September 15, 2005, through January 15, 2006, excluding the November portion of the firearms

deer hunting season. Use archery methods only; firearms may not be possessed.

(2) Archery Deer Hunting Permits.

(A) Resident or Nonresident Archer's Hunting Permit. Valid for two (2) deer statewide, except that only one (1) antlered deer may be taken prior to the November portion of the firearms deer hunting season.

(B) Resident or Nonresident Archery Antlerless Deer Hunting Permit. Valid for one (1) antlerless deer in any open county. Persons may purchase and fill any number of these permits, where valid. A Nonresident Archer's Hunting Permit must be purchased before purchasing Nonresident Archery Antlerless Deer Hunting Permits.

SUMMARY OF PUBLIC COMMENT: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed June 8, 2005, effective **July 15, 2005**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.433 is amended.

This rule establishes seasons and limits for deer hunting and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.433 by changing provisions for hunting deer.

3 CSR 10-7.433 Deer: Firearms Hunting Seasons

PURPOSE: This amendment establishes the firearms deer hunting seasons, limits and provisions for hunting.

(1) The firearms deer hunting season is comprised of five (5) portions.

(A) Urban counties portion: October 7 through 10, 2005; use any legal deer hunting method to take antlerless deer in open counties.

(B) Youth portion: October 29 and 30, 2005; for persons at least six (6) but not older than fifteen (15) years of age and qualifying landowner or lessee youth age fifteen (15) and younger; use any legal deer hunting method to take one (1) deer statewide.

(C) November portion: November 12 through 22, 2005; use any legal deer hunting method to take deer statewide.

(D) Muzzleloader portion: November 25 through December 4, 2005; use muzzleloader methods to take deer statewide.

(E) Antlerless portion: December 10 through 18, 2005; use any legal deer hunting method to take antlerless deer in open counties.

(2) Firearms Deer Hunting Permits.

(A) Youth Deer and Turkey Hunting Permit: for persons at least six (6) but not older than fifteen (15) years of age; valid for one (1) deer statewide, except that only antlerless deer may be taken during the urban counties and antlerless portions of the season.

(B) Resident or Nonresident Firearms Any-Deer Hunting Permit: valid for one (1) deer statewide, except that only antlerless deer may

be taken during the urban counties and antlerless portions of the season.

(C) Resident or Nonresident Firearms Antlerless Deer Hunting Permit: valid for one (1) antlerless deer in any open county. Persons may purchase any number of these permits and fill them where valid. A Nonresident Firearms Any-Deer Hunting Permit must be purchased before purchasing Nonresident Firearms Antlerless Deer Hunting Permits.

(3) A person may take only one (1) antlered deer during the firearms deer hunting season. Deer taken at managed deer hunts are not included in this limit.

(4) Other wildlife may be hunted during the firearms deer hunting season with the following restrictions:

(A) During the November portion statewide and the antlerless portion in open counties, other wildlife may be hunted only with pistol, revolver, or rifle firing a rimfire cartridge .22 caliber or smaller or a shotgun and shot not larger than No. 4; except that waterfowl hunters, trappers, landowners on their land or lessees on land upon which they reside may use other methods as specified in 3 CSR 10-7.410(1)(G).

(B) Furbearers may be hunted using any legal deer hunting method during established furbearer hunting seasons by persons holding an unfilled Firearms Deer Hunting Permit, and:

1. A Resident Small Game Hunting Permit; or
2. A Nonresident Furbearer Hunting and Trapping Permit.

(C) Furbearers may not be chased, pursued, or taken with the aid of dogs during daylight hours from November 1 through the end of the November portion statewide and the antlerless portion in open counties.

(D) Squirrels and rabbits may not be chased, pursued, or taken with the aid of dogs during daylight hours of the November portion in Butler, Carter, Dent, Iron, Madison, Oregon, Reynolds, Ripley, Shannon, and Wayne counties.

(5) Feral hogs, defined as any hog, including Russian and European wild boar, not conspicuously identified by ear tags or other forms of identification and roaming freely on public or private lands without the landowner's permission (refer to section 270.400 of *Missouri Revised Statutes*), may be taken in any number during the firearms deer hunting season as follows:

(A) Hunters must possess a valid small game hunting or unfilled firearms deer hunting permit and abide by the methods of pursuit allowed for deer as well as any other restrictions that may apply on specific public areas.

(B) During the November portion statewide and the antlerless portion in open counties:

1. Firearms deer permittees may only use methods allowed for deer.

2. Small game permittees may only use pistol, revolver, or rifle firing a rimfire cartridge .22 caliber or smaller or a shotgun with shot not larger than No. 4.

3. Dogs may not be used.

(C) During the youth and muzzleloader portions statewide and the urban counties portion in open counties:

1. Deer permittees may only use methods allowed for deer.

2. Small game permittees may only use methods allowed for small game.

(D) Resident landowners and lessees on qualifying land are not required to have any permit and may use any method to take feral hogs throughout the year.

SUMMARY OF PUBLIC COMMENT: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed June 8, 2005, effective **July 15, 2005**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods, Limits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.434 is amended.

This rule establishes seasons and limits for deer hunting and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.434 by changing provisions for hunting deer.

3 CSR 10-7.434 Deer: Landowner Privileges

PURPOSE: This amendment establishes season limits and provisions for landowners.

(1) Resident landowners and lessees as defined in 3 CSR 10-20.805 can obtain no-cost deer hunting permits from any permit vendor. When requesting such permits, landowners must specify the number of acres owned and county of ownership.

(A) Those with five (5) or more continuous acres can each receive one (1) Resident Landowner Firearms Any-Deer Hunting Permit, one (1) Resident Landowner Archer's Hunting Permit, and two (2) Resident Landowner Archery Antlerless Deer Hunting Permits.

(B) In addition to the permits listed in subsection (1)(A), those with seventy-five (75) or more acres located in a single county or at least seventy-five (75) continuous acres bisected by a county boundary can receive a maximum of two (2) Resident Landowner Firearms Antlerless Deer Hunting Permits. Landowners with at least seventy-five (75) acres in more than one county must comply with landowner antlerless deer limits for each county.

(2) Nonresident landowners as defined in 3 CSR 10-20.805 may apply to purchase reduced-cost Nonresident Landowner Archery and Firearms Deer Hunting Permits.

(3) All landowner deer hunting permits are valid only on qualifying property.

(4) All landowners and lessees who take deer on landowner permits may also purchase and fill other deer hunting permits but must abide by seasons, limits, and restrictions.

(5) Persons defined as landowners include:

(A) General partners of partnerships;

(B) Officers of resident or foreign corporations;

(C) Officers or managing members of resident limited liability companies; and

(D) Officers of benevolent associations organized pursuant to Chapter 352 of the *Revised Statutes of Missouri*.

SUMMARY OF PUBLIC COMMENT: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed June 8, 2005, effective **July 15, 2005**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,
Limits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.437 is amended.

This rule establishes seasons and limits for deer hunting and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.437 by changing provisions for hunting deer.

3 CSR 10-7.437 Deer: Antlerless Deer Hunting Permit Availability

PURPOSE: This amendment changes the title of the rule and establishes deer harvest limits by county.

(1) Archery Deer Hunting Season.

(A) Resident and Nonresident Archery Antlerless Deer Hunting Permits are not valid in the counties of: Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Reynolds, Scott, Stoddard, and Wayne.

(2) Firearms Deer Hunting Season.

(A) Resident and Nonresident Firearms Antlerless Deer Hunting Permits are not valid in the counties of: Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Reynolds, Scott, Stoddard, and Wayne.

(B) Only one (1) Resident or Nonresident Firearms Antlerless Deer Hunting Permit per person may be filled in the counties of: Crawford, Dent, Douglas, Franklin, Gasconade, Jefferson, Maries, Osage, Ozark, Perry, Phelps, Pulaski, Ripley, Shannon, St. Francois, Ste. Genevieve, Taney, Texas, and Washington.

(C) Any number of Resident or Nonresident Firearms Antlerless Deer Hunting Permits may be filled in the counties of: Adair, Andrew, Atchison, Audrain, Barry, Barton, Bates, Benton, Boone, Buchanan, Caldwell, Callaway, Camden, Carroll, Cass, Cedar, Chariton, Christian, Clark, Clay, Clinton, Cole, Cooper, Dade, Dallas, Daviess, DeKalb, Gentry, Greene, Grundy, Harrison, Henry, Hickory, Holt, Howard, Howell, Jackson, Jasper, Johnson, Knox, Laclede, Lafayette, Lawrence, Lewis, Lincoln, Linn, Livingston, McDonald, Macon, Marion, Mercer, Miller, Moniteau, Monroe, Montgomery, Morgan, Newton, Nodaway, Oregon, Pettis, Pike, Platte, Polk, Putnam, Ralls, Randolph, Ray, St. Charles, St. Clair, St. Louis, Saline, Schuyler, Scotland, Shelby, Stone, Sullivan, Vernon, Warren, Webster, Worth, and Wright.

SUMMARY OF PUBLIC COMMENT: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed June 8, 2005, effective **July 15, 2005**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,
Limits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.438 is amended.

This rule establishes seasons and limits for deer hunting and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.438 by changing provisions for hunting deer.

3 CSR 10-7.438 Deer: Regulations for Department Areas

PURPOSE: This amendment updates the annual Fall Deer and Turkey Hunting Regulations and Information booklet.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

Deer may be hunted on lands owned or leased by the department and on lands managed by the department under cooperative agreement as authorized in the annual *Fall Deer and Turkey Hunting Regulations and Information* booklet for 2005. This publication is incorporated by reference. A copy of this booklet is published by and can be obtained from the Missouri Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180. It is also available online at www.missouriconservation.org. This rule does not incorporate any subsequent amendments or additions.

SUMMARY OF PUBLIC COMMENT: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed June 8, 2005, effective **July 15, 2005**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,
Limits

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.455 is amended.

This amendment relates to checking requirements for hunting seasons and is excepted by section 536.021, RSMo from the requirement for filing as a proposed amendment.

The Department of Conservation amended 3 CSR 10-7.455 by establishing provisions for hunting seasons for turkey during the 2005 season.

3 CSR 10-7.455 Turkeys: Seasons, Methods, Limits

PURPOSE: This amendment clarifies checking requirements.

(2) Hunters who take a turkey must tag it immediately with the transportation tag portion of the permit; detaching the transportation tag voids the permit. All turkeys taken must be accurately reported through the Telecheck Harvest Reporting System by 10:00 p.m. on the day taken by the taker or in the taker's immediate presence. The Telecheck confirmation number must be recorded immediately on the turkey hunting permit as indicated on the permit, and immediately attached to the turkey by the taker. The transportation tag and turkey hunting permit with confirmation number must remain attached to the turkey with the head and plumage intact until the turkey is processed. All turkeys must be reported through the Telecheck Harvest Reporting System prior to being removed from the state.

(5) A resident landowner or lessee as defined in 3 CSR 10-20.805, possessing a landowner turkey hunting permit, may take and possess turkeys in accordance with this rule on his/her land or, in the case of the lessee, on the land on which s/he resides and shall report the turkeys through the Telecheck Harvest Reporting System as required in this rule.

(7) Turkeys (or parts thereof) reported in accordance with established procedures, when labeled with the full name, address, and confirmation number of the taker, may be possessed, transported, given away, and stored by anyone.

SUMMARY OF PUBLIC COMMENT: Seasons and limits are excepted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment filed June 8, 2005, effective **July 15, 2005**.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 110—Missouri Dental Board
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Dental Board under sections 332.031, RSMo 2000 and 332.181, RSMo Supp. 2004, the board adopts a rule as follows:

4 CSR 110-2.071 License Renewal—Dentists and Dental Hygienists is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 1, 2005 (30 MoReg 609–612). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 110—Missouri Dental Board
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Dental Board under sections 332.031, RSMo 2000 and 332.171.2, RSMo Supp. 2004, the board rescinds a rule as follows:

4 CSR 110-2.090 Certification of Dental Specialists is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 1, 2005 (30 MoReg 613). No changes have been made to the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 110—Missouri Dental Board
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Dental Board under sections 332.031, RSMo 2000 and 332.171.2, RSMo Supp. 2004, the board adopts a rule as follows:

4 CSR 110-2.090 Certification of Dental Specialists is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 1, 2005 (30 MoReg 613–615). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 110—Missouri Dental Board
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Dental Board under section 332.031.3, RSMo 2000, the board amends a rule as follows:

4 CSR 110-2.170 Fees is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005 (30 MoReg 616). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 110—Missouri Dental Board
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri Dental Board under sections 332.031, RSMo 2000 and 332.181 and 332.261, RSMo Supp. 2004, the board amends a rule as follows:

4 CSR 110-2.240 Continuing Dental Education is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005 (30 MoReg 616–618). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 150—State Board of Registration for the
Healing Arts
Chapter 2—Licensing of Physicians and Surgeons**

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.090.2, and 334.125, RSMo 2000, the board adopts a rule as follows:

4 CSR 150-2.153 Reinstatement of an Inactive License is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 1, 2005 (30 MoReg 619–621). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 150—State Board of Registration for the
Healing Arts
Chapter 3—Licensing of Physical Therapists and
Physical Therapist Assistants**

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.125, 334.570 and 334.675, RSMo 2000, the board amends a rule as follows:

4 CSR 150-3.060 Biennial Registration is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005 (30 MoReg 622). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 150—State Board of Registration for the
Healing Arts
Chapter 6—Licensure of Athletic Trainers**

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.125, RSMo 2000 and 334.706.3(2), RSMo Supp. 2004, the board rescinds a rule as follows:

4 CSR 150-6.010 Definitions is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 1, 2005 (30 MoReg 622). No changes have been made to the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 150—State Board of Registration for the
Healing Arts
Chapter 6—Licensure of Athletic Trainers**

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.125, RSMo 2000 and 334.706.3(2), RSMo Supp. 2004, the board adopts a rule as follows:

4 CSR 150-6.010 Definitions is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 1, 2005 (30 MoReg 622–623). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**

**Division 150—State Board of Registration for the
Healing Arts
Chapter 6—Licensure of Athletic Trainers**

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.125, RSMo 2000 and 334.702, 334.704, 334.706, 334.708, 334.710 and 334.712, RSMo Supp. 2004, the board amends a rule as follows:

4 CSR 150-6.020 Applicants for Licensure as Athletic Trainers is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005

(30 MoReg 623–624). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 6—Licensure of Athletic Trainers**

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under section 334.706, RSMo Supp. 2004, the board amends a rule as follows:

4 CSR 150-6.025 Examination is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005 (30 MoReg 624). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 6—Licensure of Athletic Trainers**

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.125, RSMo 2000 and 334.702, 334.704, 334.706, 334.708, 334.710 and 334.712, RSMo Supp. 2004, the board amends a rule as follows:

4 CSR 150-6.030 Licensure by Reciprocity is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005 (30 MoReg 624–625). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 6—Licensure of Athletic Trainers**

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.125, RSMo 2000 and 334.702,

334.704, 334.706, 334.708, 334.710 and 334.712, RSMo Supp. 2004, the board amends a rule as follows:

4 CSR 150-6.040 Code of Ethics is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005 (30 MoReg 625). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 6—Licensure of Athletic Trainers**

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.125, RSMo 2000 and 334.706.3(2), RSMo Supp. 2004, the board amends a rule as follows:

4 CSR 150-6.050 Fees is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005 (30 MoReg 625). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 6—Licensure of Athletic Trainers**

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under sections 334.125, RSMo 2000 and 334.706 and 334.710, RSMo Supp. 2004, the board amends a rule as follows:

4 CSR 150-6.060 Renewal of Licensure is amended.

A notice of the proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005 (30 MoReg 625–626). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 6—Licensure of Athletic Trainers**

SUMMARY OF COMMENTS: No comments were received.

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under section 334.706, RSMo Supp. 2004, the board amends a rule as follows:

4 CSR 150-6.070 Name and/or Address Changes **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005 (30 MoReg 626). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 7—Licensing of Physician Assistants**

ORDER OF RULEMAKING

By the authority vested in the State Board of Registration for the Healing Arts under section 334.735.1(8), RSMo 2000, the board amends a rule as follows:

4 CSR 150-7.135 Physician Assistant Supervision Agreements **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005 (30 MoReg 626–627). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 16—RETIREMENT SYSTEMS
Division 50—The County Employees' Retirement Fund
Chapter 2—Membership and Benefits**

ORDER OF RULEMAKING

By the authority vested in the County Employees' Retirement Board under section 50.1032, RSMo 2000, the board amends a rule as follows:

16 CSR 50-2.110 Rehires **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 1, 2005 (30 MoReg 647). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs and other items required to be published in the *Missouri Register* by law.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES**

**Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program**

EXPEDITED APPLICATION REVIEW SCHEDULE

The Missouri Health Facilities Review Committee has initiated review of the applications listed below. A decision is tentatively scheduled for July 22, 2005. These applications are available for public inspection at the address shown below:

Date Filed

Project Number: Project Name
City (County)
Cost, Description

06/10/05

#3780 RP: Waterford Ladies Home
Blue Springs (Jackson County)
\$364,462, Long-term care bed expansion
through the purchase of 7
residential care facility II beds
from Carmel Hills Living Center,
Independence (Jackson County)

#3784 NS: Life Care Center of Bridgeton
St. Louis (St. Louis County)
\$4,085,000, Renovate/modernize facility

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by July 13, 2005. All written requests and comments should be sent to:

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
915 G Leslie Boulevard
Jefferson City, MO 65101

For additional information contact
Donna Schuessler, 573-751-6403.

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000 to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript.

NOTICE OF CORPORATE DISSOLUTION TO ALL CREDITORS AND CLAIMANTS AGAINST STERLING TRUST COMPANY, INC.

On June 3, 2005, Sterling Trust Company, Inc. filed its Articles of Dissolution with the Missouri Secretary of State. The Dissolution was effective on that date. The Dissolution was authorized by the Board of Directors of Sterling Trust Company, Inc. on March 28, 2005 and by its shareholders on February 28, 2005.

Sterling Trust Company, Inc. requests that all persons and organizations who have claims against it present them within one hundred and eighty (180) days from the publication of this notice, by correspondence to Sterling Trust Company, Inc., c/o David L. Wieland, LLC, 2139 E. Primrose, Suite E, Springfield, MO 65804. The assets of Sterling Trust Company, Inc. remaining after known liabilities are paid or provided for will be distributed to the shareholders of Sterling Trust Company, Inc.

All claims must include the name, address, and telephone number of the claimant; the amount claimed; the basis for the claim; any supporting documentation; and the dates on which the events on which the claim is based occurred.

All claims against Sterling Trust Company, Inc. will be barred unless a proceeding to enforce the claim is commenced within two (2) years after publication of the two (2) notices authorized by Section 351.482.2, RSMo., whichever is published last.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST WESTERN SHEET METAL WORKS, INC.

On May 16, 2005, Western Sheet Metal Works, Inc., a Missouri corporation, was dissolved upon the filing of their Articles of Dissolution by the Missouri Secretary of State. Said corporation requests that all persons and organizations who have claims against it present them immediately by letter to the corporation c/o Erbs and Erbs, P.C., 1650 Des Peres Road, Suite 135, St. Louis, Missouri 63131, attention Mark W. Suardi. All claims must include the name and address of the claimant, the amount claimed, the basis for the claims, the documentation of the claim, and dates of the events on which the claim is based.

NOTICE: BECAUSE OF THE DISSOLUTION OF WESTERN SHEET METAL WORKS, INC. ANY CLAIMS AGAINST IT WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN TWO YEARS AFTER THE PUBLICATION DATE OF THIS NOTICE, OR THE PUBLICATION DATE OF ANY OTHER NOTICE REQUIRED BY LAW, WHICHEVER IS LATER.

NOTICE OF DISSOLUTION OF CORPORATION

This notice is to inform whom it may concern that Wilbur Franklin Coen, Inc., has on the 8th day of June, 2005, filed with, and received approval by the Missouri Secretary of State the corporation's Articles of Dissolution. Dissolution is effective as of June 30, 2005.

Any claims against the corporation should be forwarded to the corporation's President at the following address:

Wilbur Franklin Coen, Inc.

Attention: President

4809 Roanoke Parkway

Kansas City, Missouri 64112

The claim must include the following information: (1) the name, address and telephone number of the claimant; (2) the amount of the claim; (3) the date the claim accrued or will accrue; (4) a brief description of the nature of the debt or the basis for the claim; (5) whether the claim is secured, and if so, the collateral used as security.

You are further notified that all claims against the corporation shall be barred unless a proceeding to enforce the claim is commenced within two years after the publication of this notice.

Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—27 (2002), 28 (2003), 29 (2004) and 30 (2005). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
OFFICE OF ADMINISTRATION					
1 CSR 10	State Officials' Salary Compensation Schedule				27 MoReg 189 27 MoReg 1724 28 MoReg 1861 29 MoReg 1610
1 CSR 15-3.290	Administrative Hearing Commission		30 MoReg 1437		
1 CSR 15-3.350	Administrative Hearing Commission		30 MoReg 1437		
1 CSR 15-3.380	Administrative Hearing Commission		30 MoReg 1438		
1 CSR 15-3.490	Administrative Hearing Commission		30 MoReg 1438		
1 CSR 20-4.020	Personnel Advisory Board and Division of Personnel		30 MoReg 1044		
1 CSR 40-1.060	Purchasing and Materials Management		This Issue		
1 CSR 70-1.010	Missouri Assistive Technology Advisory Council (<i>Changed from 8 CSR 70-1.010</i>)		30 MoReg 1441		
1 CSR 70-1.020	Missouri Assistive Technology Advisory Council (<i>Changed from 8 CSR 70-1.020</i>)		30 MoReg 1441		
DEPARTMENT OF AGRICULTURE					
2 CSR 30-2.010	Animal Health		This Issue		
2 CSR 30-2.040	Animal Health		30 MoReg 685		
2 CSR 70-11.040	Plant Industries	30 MoReg 1433	30 MoReg 1438		
2 CSR 80-5.010	State Milk Board		30 MoReg 1044		
DEPARTMENT OF CONSERVATION					
3 CSR 10-4.117	Conservation Commission		30 MoReg 1112		
3 CSR 10-5.205	Conservation Commission		This Issue		
3 CSR 10-5.420	Conservation Commission		This Issue		
3 CSR 10-6.415	Conservation Commission		30 MoReg 1112		
3 CSR 10-6.535	Conservation Commission		30 MoReg 1113		
3 CSR 10-7.410	Conservation Commission		30 MoReg 1113		
			This Issue		
3 CSR 10-7.431	Conservation Commission		N.A.	This Issue	
3 CSR 10-7.432	Conservation Commission		N.A.	This Issue	
3 CSR 10-7.433	Conservation Commission		N.A.	This Issue	
3 CSR 10-7.434	Conservation Commission		N.A.	This Issue	
3 CSR 10-7.437	Conservation Commission		N.A.	This Issue	
3 CSR 10-7.438	Conservation Commission		N.A.	This Issue	
3 CSR 10-7.455	Conservation Commission		N.A.	This Issue	
3 CSR 10-9.110	Conservation Commission		30 MoReg 1114		
3 CSR 10-9.645	Conservation Commission		30 MoReg 1114		
3 CSR 10-10.744	Conservation Commission		30 MoReg 1115		
3 CSR 10-11.115	Conservation Commission		30 MoReg 1115		
3 CSR 10-12.109	Conservation Commission		30 MoReg 1115		
3 CSR 10-12.110	Conservation Commission		30 MoReg 1116		
3 CSR 10-12.115	Conservation Commission		30 MoReg 1116		
3 CSR 10-12.125	Conservation Commission		30 MoReg 1116		
3 CSR 10-12.140	Conservation Commission		30 MoReg 1117		
3 CSR 10-12.145	Conservation Commission		30 MoReg 1118		
3 CSR 10-12.150	Conservation Commission		30 MoReg 1119		
3 CSR 10-20.805	Conservation Commission		30 MoReg 1119		
DEPARTMENT OF ECONOMIC DEVELOPMENT					
4 CSR 15-1.020	Acupuncturist Advisory Committee		30 MoReg 509	30 MoReg 1455	
4 CSR 15-1.030	Acupuncturist Advisory Committee		30 MoReg 509	30 MoReg 1455	
4 CSR 15-3.010	Acupuncturist Advisory Committee		30 MoReg 511	30 MoReg 1455	
4 CSR 30-5.030	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 1301R 30 MoReg 1301		
4 CSR 30-5.080	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 1305		
4 CSR 30-8.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 1310		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
4 CSR 30-10.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 1310R 30 MoReg 1310		
4 CSR 30-21.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		30 MoReg 1314		
4 CSR 40-3.011	Office of Athletics		30 MoReg 1314R 30 MoReg 1314		
4 CSR 40-4.090	Office of Athletics		30 MoReg 1317R 30 MoReg 1317		
4 CSR 40-5.030	Office of Athletics		30 MoReg 1321		
4 CSR 60-1.025	State Board of Barber Examiners		30 MoReg 763		
4 CSR 60-2.015	State Board of Barber Examiners		30 MoReg 763		
4 CSR 60-2.040	State Board of Barber Examiners		30 MoReg 764		
4 CSR 60-3.015	State Board of Barber Examiners		30 MoReg 768		
4 CSR 70-2.032	State Board of Chiropractic Examiners		30 MoReg 769		
4 CSR 70-2.040	State Board of Chiropractic Examiners		30 MoReg 772		
4 CSR 70-2.060	State Board of Chiropractic Examiners		30 MoReg 775		
4 CSR 70-2.070	State Board of Chiropractic Examiners		30 MoReg 775		
4 CSR 70-2.080	State Board of Chiropractic Examiners		30 MoReg 775		
4 CSR 70-2.090	State Board of Chiropractic Examiners		30 MoReg 782		
4 CSR 70-3.010	State Board of Chiropractic Examiners		30 MoReg 782		
4 CSR 100	Division of Credit Unions				30 MoReg 1081 30 MoReg 1460
4 CSR 110-2.071	Missouri Dental Board		30 MoReg 609	This Issue	
4 CSR 110-2.090	Missouri Dental Board		30 MoReg 613R 30 MoReg 613	This IssueR This Issue	
4 CSR 110-2.170	Missouri Dental Board		30 MoReg 616	This Issue	
4 CSR 110-2.230	Missouri Dental Board		30 MoReg 1048		
4 CSR 110-2.240	Missouri Dental Board		30 MoReg 616	This Issue	
4 CSR 110-2.260	Missouri Dental Board		30 MoReg 1048		
4 CSR 110-2.240	Missouri Dental Board		30 MoReg 616		
4 CSR 145-1.040	Missouri Board of Geologist Registration		30 MoReg 783		
4 CSR 145-2.060	Missouri Board of Geologist Registration		30 MoReg 784R 30 MoReg 784		
4 CSR 150-2.050	State Board of Registration for the Healing Arts		30 MoReg 788		
4 CSR 150-2.080	State Board of Registration for the Healing Arts		30 MoReg 788		
4 CSR 150-2.125	State Board of Registration for the Healing Arts		30 MoReg 790		
4 CSR 150-2.153	State Board of Registration for the Healing Arts		30 MoReg 619	This Issue	
4 CSR 150-3.010	State Board of Registration for the Healing Arts		30 MoReg 791		
4 CSR 150-3.060	State Board of Registration for the Healing Arts		30 MoReg 622	This Issue	
4 CSR 150-4.055	State Board of Registration for the Healing Arts		30 MoReg 791		
4 CSR 150-6.010	State Board of Registration for the Healing Arts		30 MoReg 622R 30 MoReg 622	This IssueR This Issue	
4 CSR 150-6.020	State Board of Registration for the Healing Arts		30 MoReg 623	This Issue	
4 CSR 150-6.025	State Board of Registration for the Healing Arts		30 MoReg 624	This Issue	
4 CSR 150-6.030	State Board of Registration for the Healing Arts		30 MoReg 624	This Issue	
4 CSR 150-6.040	State Board of Registration for the Healing Arts		30 MoReg 625	This Issue	
4 CSR 150-6.050	State Board of Registration for the Healing Arts		30 MoReg 625	This Issue	
4 CSR 150-6.060	State Board of Registration for the Healing Arts		30 MoReg 625	This Issue	
4 CSR 150-6.070	State Board of Registration for the Healing Arts		30 MoReg 626	This Issue	
4 CSR 150-7.135	State Board of Registration for the Healing Arts		30 MoReg 626 30 MoReg 1440	This Issue	
4 CSR 195-3.010	Division of Workforce Development		30 MoReg 1322R 30 MoReg 1323		
4 CSR 195-3.020	Division of Workforce Development		30 MoReg 1328		
4 CSR 220-1.010	State Board of Pharmacy		30 MoReg 42 30 MoReg 1119		
4 CSR 220-2.010	State Board of Pharmacy		30 MoReg 42 30 MoReg 1120		
4 CSR 220-2.020	State Board of Pharmacy		30 MoReg 43 30 MoReg 1120		
4 CSR 220-2.050	State Board of Pharmacy		30 MoReg 48 30 MoReg 1123		
4 CSR 220-2.100	State Board of Pharmacy		This Issue		
4 CSR 220-4.010	State Board of Pharmacy		This Issue		
4 CSR 220-5.020	State Board of Pharmacy		This Issue		
4 CSR 220-5.030	State Board of Pharmacy		30 MoReg 48 30 MoReg 1123		
4 CSR 232-1.040	Missouri State Committee of Interpreters		30 MoReg 791		
4 CSR 232-2.030	Missouri State Committee of Interpreters		30 MoReg 792		
4 CSR 232-3.010	Missouri State Committee of Interpreters		30 MoReg 793		
4 CSR 232-3.030	Missouri State Committee of Interpreters		30 MoReg 793		
4 CSR 233-1.040	State Committee of Marital and Family Therapists		30 MoReg 511	30 MoReg 1455	
4 CSR 240-2.061	Public Service Commission		30 MoReg 687		
4 CSR 240-2.071	Public Service Commission		30 MoReg 1332		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
4 CSR 240-3.130	Public Service Commission		30 MoReg 627		
4 CSR 240-3.135	Public Service Commission		30 MoReg 628		
4 CSR 240-29.010	Public Service Commission		30 MoReg 49	30 MoReg 1373	
4 CSR 240-29.020	Public Service Commission		30 MoReg 50	30 MoReg 1380	
4 CSR 240-29.030	Public Service Commission		30 MoReg 52	30 MoReg 1382	
4 CSR 240-29.040	Public Service Commission		30 MoReg 53	30 MoReg 1384	
4 CSR 240-29.050	Public Service Commission		30 MoReg 53	30 MoReg 1389	
4 CSR 240-29.060	Public Service Commission		30 MoReg 58	30 MoReg 1392	
4 CSR 240-29.070	Public Service Commission		30 MoReg 58	30 MoReg 1392W	
4 CSR 240-29.080	Public Service Commission		30 MoReg 59	30 MoReg 1393	
4 CSR 240-29.090	Public Service Commission		30 MoReg 59	30 MoReg 1395	
4 CSR 240-29.100	Public Service Commission		30 MoReg 62	30 MoReg 1396	
4 CSR 240-29.110	Public Service Commission		30 MoReg 63	30 MoReg 1397W	
4 CSR 240-29.120	Public Service Commission		30 MoReg 63	30 MoReg 1398	
4 CSR 240-29.130	Public Service Commission		30 MoReg 64	30 MoReg 1398	
4 CSR 240-29.140	Public Service Commission		30 MoReg 65	30 MoReg 1399	
4 CSR 240-29.150	Public Service Commission		30 MoReg 66	30 MoReg 1400	
4 CSR 240-29.160	Public Service Commission		30 MoReg 67	30 MoReg 1400	
4 CSR 240-31.010	Public Service Commission	30 MoReg 1435			
4 CSR 240-31.050	Public Service Commission	30 MoReg 1435			
4 CSR 240-33.045	Public Service Commission		30 MoReg 573		
4 CSR 263-2.045	State Committee for Social Workers		30 MoReg 796		
4 CSR 263-2.047	State Committee for Social Workers		30 MoReg 796		
4 CSR 267-2.020	Office of Tattooing, Body Piercing and Branding		30 MoReg 516	30 MoReg 1456	
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR 50-340.110	Division of School Improvement		30 MoReg 797R		
5 CSR 100-200.030	Missouri Commission for the Deaf and Hard of Hearing		30 MoReg 519	30 MoReg 1456	
5 CSR 100-200.045	Missouri Commission for the Deaf and Hard of Hearing		30 MoReg 519R	30 MoReg 1456R	
			30 MoReg 519	30 MoReg 1456	
5 CSR 100-200.060	Missouri Commission for the Deaf and Hard of Hearing		30 MoReg 1440		
5 CSR 100-200.150	Missouri Commission for the Deaf and Hard of Hearing		30 MoReg 520	30 MoReg 1456	
5 CSR 100-200.170	Missouri Commission for the Deaf and Hard of Hearing		30 MoReg 520	30 MoReg 1456	
5 CSR 100-200.210	Missouri Commission for the Deaf and Hard of Hearing		30 MoReg 521	30 MoReg 1457	
5 CSR 100-200.220	Missouri Commission for the Deaf and Hard of Hearing		30 MoReg 522	30 MoReg 1457	
DEPARTMENT OF TRANSPORTATION					
7 CSR 10-9.010	Missouri Highways and Transportation Commission		30 MoReg 689		
7 CSR 10-9.020	Missouri Highways and Transportation Commission		30 MoReg 689		
7 CSR 10-9.030	Missouri Highways and Transportation Commission		30 MoReg 691		
7 CSR 10-9.040	Missouri Highways and Transportation Commission		30 MoReg 692		
7 CSR 10-9.050	Missouri Highways and Transportation Commission		30 MoReg 692		
7 CSR 10-9.060	Missouri Highways and Transportation Commission		30 MoReg 693		
7 CSR 10-25.010	Missouri Highways and Transportation Commission				30 MoReg 1177
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS					
8 CSR 70-1.010	Missouri Assistive Technology Advisory Council (<i>Changed to 1 CSR 70-1.010</i>)		30 MoReg 1441		
8 CSR 70-1.020	Missouri Assistive Technology Advisory Council (<i>Changed to 1 CSR 70-1.020</i>)		30 MoReg 1441		
DEPARTMENT OF MENTAL HEALTH					
9 CSR 10-5.206	Director, Department of Mental Health		30 MoReg 629		
9 CSR 25-3.030	Fiscal Management		30 MoReg 441	30 MoReg 1170	
9 CSR 30-3.132	Certification Standards		30 MoReg 444	30 MoReg 1170	
DEPARTMENT OF NATURAL RESOURCES					
10 CSR 10-1.030	Air Conservation Commission		30 MoReg 1332		
10 CSR 10-2.390	Air Conservation Commission		30 MoReg 797		
10 CSR 10-5.480	Air Conservation Commission		30 MoReg 818		
10 CSR 10-6.065	Air Conservation Commission		30 MoReg 153		30 MoReg 322
10 CSR 10-6.070	Air Conservation Commission		30 MoReg 635		
10 CSR 10-6.075	Air Conservation Commission		30 MoReg 636		
10 CSR 10-6.080	Air Conservation Commission		30 MoReg 638		
10 CSR 10-6.110	Air Conservation Commission		30 MoReg 1336		
10 CSR 10-6.360	Air Conservation Commission		30 MoReg 522		
10 CSR 10-6.380	Air Conservation Commission		30 MoReg 549		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
10 CSR 10-6.390	Air Conservation Commission		30 MoReg 553		
10 CSR 20-7.015	Clean Water Commission		30 MoReg 838		
10 CSR 20-7.031	Clean Water Commission		30 MoReg 843		
10 CSR 23-3.060	Geological Survey and Resource Assessment Division		30 MoReg 975		
10 CSR 23-3.100	Geological Survey and Resource Assessment Division	30 MoReg 755			
10 CSR 23-5.050	Geological Survey and Resource Assessment Division	30 MoReg 760			
10 CSR 40-10.085	Land Reclamation Commission		30 MoReg 1124		
10 CSR 90-2.020	State Parks		29 MoReg 1726		
10 CSR 140-2.020	Division of Energy				30 MoReg 574
DEPARTMENT OF PUBLIC SAFETY					
11 CSR 30-5.020	Office of the Director		This Issue		
11 CSR 30-5.050	Office of the Director		This Issue		
11 CSR 40-5.110	Division of Fire Safety		30 MoReg 1128		
11 CSR 45-1.090	Missouri Gaming Commission		30 MoReg 376	30 MoReg 1457	
11 CSR 45-5.190	Missouri Gaming Commission		30 MoReg 977		
11 CSR 45-5.200	Missouri Gaming Commission		30 MoReg 376	30 MoReg 1457	
11 CSR 45-5.210	Missouri Gaming Commission		30 MoReg 980		
11 CSR 45-1.090	Missouri Gaming Commission		30 MoReg 376		
11 CSR 45-9.030	Missouri Gaming Commission		30 MoReg 982		
11 CSR 45-30.040	Missouri Gaming Commission		30 MoReg 68	30 MoReg 1170	
11 CSR 45-30.135	Missouri Gaming Commission		30 MoReg 70	30 MoReg 1172	
11 CSR 45-30.355	Missouri Gaming Commission		30 MoReg 77	30 MoReg 1173	
11 CSR 80-9.020	Missouri State Water Patrol		30 MoReg 555	30 MoReg 1457	
DEPARTMENT OF REVENUE					
12 CSR 10-2.195	Director of Revenue		30 MoReg 982R		
12 CSR 10-23.428	Director of Revenue	This IssueR	This IssueR		
12 CSR 10-23.460	Director of Revenue		30 MoReg 167	30 MoReg 1175	
12 CSR 10-24.050	Director of Revenue		30 MoReg 1051		
12 CSR 10-24.428	Director of Revenue		30 MoReg 1051		
12 CSR 10-24.444	Director of Revenue		30 MoReg 1052		
12 CSR 10-24.474	Director of Revenue		30 MoReg 1052		
12 CSR 10-25.050	Director of Revenue		30 MoReg 167	30 MoReg 1175	
12 CSR 10-26.040	Director of Revenue		30 MoReg 168	30 MoReg 1175W	
12 CSR 10-104.040	Director of Revenue		30 MoReg 83	30 MoReg 1175	
12 CSR 10-107.100	Director of Revenue		30 MoReg 1345		
12 CSR 10-110.400	Director of Revenue		30 MoReg 86	30 MoReg 1175	
12 CSR 10-400.200	Director of Revenue	30 MoReg 357	30 MoReg 379	30 MoReg 1176	
12 CSR 10-400.250	Director of Revenue		30 MoReg 93	30 MoReg 1176	
12 CSR 10-405.100	Director of Revenue	30 MoReg 603	30 MoReg 639		
12 CSR 10-405.200	Director of Revenue	30 MoReg 604	30 MoReg 643		
12 CSR 10-500.210	Director of Revenue		30 MoReg 1052		
DEPARTMENT OF SOCIAL SERVICES					
13 CSR 35-80.020	Children's Division	This Issue	This Issue		
13 CSR 40-2.375	Family Support Division	30 MoReg 1436	30 MoReg 1441		
13 CSR 40-2.240	Family Support Division		This IssueR		
13 CSR 40-2.380	Family Support Division		This IssueR		
13 CSR 40-19.020	Division of Family Services	29 MoReg 1637	29 MoReg 1729		
13 CSR 40-110.020	Family Support Division	30 MoReg 605R	30 MoReg 647R		
13 CSR 40-110.030	Family Support Division		30 MoReg 561		
13 CSR 70-2.020	Division of Medical Services	This IssueR	This IssueR		
13 CSR 70-3.020	Division of Medical Services		30 MoReg 1130		
13 CSR 70-3.030	Division of Medical Services		30 MoReg 1345		
13 CSR 70-3.160	Division of Medical Services		30 MoReg 1130		
13 CSR 70-3.170	Division of Medical Services		30 MoReg 1444		
13 CSR 70-4.050	Division of Medical Services		30 MoReg 1350		
13 CSR 70-4.080	Division of Medical Services		30 MoReg 1131		
13 CSR 70-4.090	Division of Medical Services	This Issue	This Issue		
13 CSR 70-4.100	Division of Medical Services	30 MoReg 1109	30 MoReg 1137		
13 CSR 70-4.110	Division of Medical Services		30 MoReg 1354		
13 CSR 70-5.010	Division of Medical Services		30 MoReg 1357		
13 CSR 70-10.015	Division of Medical Services	30 MoReg 761	30 MoReg 982		
13 CSR 70-10.080	Division of Medical Services	30 MoReg 761	30 MoReg 987		
13 CSR 70-10.110	Division of Medical Services	30 MoReg 235	30 MoReg 272	30 MoReg 1401	
13 CSR 70-15.010	Division of Medical Services		This Issue		
13 CSR 70-15.030	Division of Medical Services		This Issue		
13 CSR 70-15.080	Division of Medical Services		This IssueR		
13 CSR 70-15.110	Division of Medical Services	This Issue	This Issue		
13 CSR 70-15.160	Division of Medical Services		This Issue		
13 CSR 70-26.010	Division of Medical Services		30 MoReg 383	30 MoReg 1401	
13 CSR 70-35.010	Division of Medical Services		This Issue		
13 CSR 70-40.010	Division of Medical Services		30 MoReg 1448		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
13 CSR 70-60.010	Division of Medical Services		This Issue		
13 CSR 70-90.010	Division of Medical Services		30 MoReg 1450		
13 CSR 70-91.010	Division of Medical Services		30 MoReg 1139		
13 CSR 70-97.010	Division of Medical Services		30 MoReg 1450		
13 CSR 70-99.010	Division of Medical Services		30 MoReg 1451		
ELECTED OFFICIALS					
15 CSR 40-3.120	State Auditor	29 MoReg 1639R	29 MoReg 2261		
15 CSR 40-3.130	State Auditor	29 MoReg 1639	29 MoReg 2262		
15 CSR 40-3.140	State Auditor	29 MoReg 1651	29 MoReg 2274		
15 CSR 40-3.150	State Auditor	29 MoReg 1661	29 MoReg 2284		
15 CSR 40-3.160	State Auditor	29 MoReg 1673	29 MoReg 2296		
15 CSR 60-13.060	Attorney General		30 MoReg 693		
RETIREMENT SYSTEMS					
16 CSR 50-2.110	The County Employees' Retirement Fund		30 MoReg 647	This Issue	
16 CSR 50-10.050	The County Employees' Retirement Fund		30 MoReg 1139		
DEPARTMENT OF HEALTH AND SENIOR SERVICES					
19 CSR 10-33.050	Office of the Director		30 MoReg 444	30 MoReg 1401	
19 CSR 20-1.025	Division of Environmental Health and Communicable Disease Prevention		30 MoReg 647		
19 CSR 20-1.060	Division of Environmental Health and Communicable Disease Prevention		30 MoReg 1056R		
19 CSR 20-2.010	Division of Environmental Health and Communicable Disease Prevention		30 MoReg 1056R		
19 CSR 20-2.030	Division of Environmental Health and Communicable Disease Prevention		30 MoReg 1056R		
19 CSR 20-3.050	Division of Environmental Health and Communicable Disease Prevention		30 MoReg 1141R 30 MoReg 1141		
19 CSR 20-20.080	Division of Environmental Health and Communicable Disease Prevention		30 MoReg 1056		
19 CSR 25-36.010	Division of Administration		30 MoReg 453	30 MoReg 1402	
19 CSR 30-82.050	Division of Health Standards and Licensure		29 MoReg 2305		
19 CSR 30-86.012	Division of Health Standards and Licensure		29 MoReg 2307	30 MoReg 725	
19 CSR 30-86.032	Division of Health Standards and Licensure		29 MoReg 2308	30 MoReg 725	
19 CSR 30-86.042	Division of Health Standards and Licensure		29 MoReg 2309		
19 CSR 60-50	Missouri Health Facilities Review Committee				30 MoReg 1081 30 MoReg 1404 This Issue
19 CSR 60-50.430	Missouri Health Facilities Review Committee	This Issue	This Issue		
19 CSR 73-2.050	Missouri Board of Nursing Home Administrators		30 MoReg 1357		
DEPARTMENT OF INSURANCE					
20 CSR	Medical Malpractice				28 MoReg 489 29 MoReg 505 30 MoReg 481
20 CSR	Sovereign Immunity Limits				27 MoReg 2319 28 MoReg 2265 30 MoReg 108
20 CSR 200-6.600	Financial Examination		30 MoReg 698R		
20 CSR 300-2.200	Market Conduct Examinations		30 MoReg 988		
20 CSR 400-1.020	Life, Annuities and Health		30 MoReg 1068		
20 CSR 400-2.170	Life, Annuities and Health		29 MoReg 1755		
20 CSR 400-3.650	Life, Annuities and Health	30 MoReg 1219	30 MoReg 1358		
20 CSR 400-10.100	Life, Annuities and Health		30 MoReg 1159		
20 CSR 700-1.145	Licensing	30 MoReg 1043	30 MoReg 1068		
20 CSR 700-6.100	Licensing	29 MoReg 2209	29 MoReg 1587	30 MoReg 388	
20 CSR 700-6.100	Licensing	29 MoReg 2209	29 MoReg 1587	30 MoReg 388	
20 CSR 700-6.150	Licensing	29 MoReg 2209	29 MoReg 1590	30 MoReg 388	
20 CSR 700-6.160	Licensing		29 MoReg 1593	30 MoReg 389	
20 CSR 700-6.170	Licensing		29 MoReg 1597	30 MoReg 389	
20 CSR 700-6.200	Licensing		29 MoReg 1597	30 MoReg 389	
20 CSR 700-6.250	Licensing		29 MoReg 1598	30 MoReg 389	
20 CSR 700-6.300	Licensing		29 MoReg 1598	30 MoReg 389	
MISSOURI FAMILY TRUST					
21 CSR 10-1.010	Director and Board of Trustees		30 MoReg 1161		
21 CSR 10-1.020	Director and Board of Trustees		30 MoReg 1161		
21 CSR 10-1.030	Director and Board of Trustees		30 MoReg 1162		
21 CSR 10-2.010	Director and Board of Trustees		30 MoReg 1162		
21 CSR 10-3.010	Director and Board of Trustees		30 MoReg 1167		
21 CSR 10-4.010	Director and Board of Trustees		30 MoReg 1168		
21 CSR 10-4.020	Director and Board of Trustees		30 MoReg 1168		

Agency	Publication	Expiration
Department of Agriculture		
Plant Industries		
2 CSR 70-11.040	Bakanae of Rice Exterior Quarantine	30 MoReg 1433November 23, 2005
Department of Economic Development		
Public Service Commission		
4 CSR 240-31.010	Definitions	30 MoReg 1435February 15, 2006
4 CSR 240-31.050	Eligibility for Funding—Low-Income Customers and Disabled Customers	30 MoReg 1435February 15, 2006
Department of Natural Resources		
Geological Survey and Resource Assessment Division		
10 CSR 23-3.100	Sensitive Areas	30 MoReg 755September 27, 2005
10 CSR 23-5.050	Construction Standards for Closed-Loop Heat Pump Wells	30 MoReg 760September 27, 2005
Department of Revenue		
Director of Revenue		
12 CSR 10-23.428	All Terrain Vehicles Modified for Highway Use	This IssueDecember 16, 2005
12 CSR 10-24.448	Documents Required for Issuance of a Driver or Nondriver License or Instruction Permit	Next IssueDecember 29, 2005
12 CSR 10-400.200	Special Needs Adoption Tax Credit	30 MoReg 357July 15, 2005
12 CSR 10-405.100	Homestead Preservation Credit—Procedures	30 MoReg 603September 15, 2005
12 CSR 10-405.200	Homestead Preservation Credit—Qualifications and Amount of Credit . .	30 MoReg 604September 15, 2005
Department of Social Services		
Children's Division		
13 CSR 35-80.020	Residential Care Agency Cost Reporting System	This IssueDecember 27, 2005
Family Support Division		
13 CSR 40-2.375	Medical Assistance for Families	30 MoReg 1436December 27, 2005
13 CSR 40-110.020	Federal Income Tax Refund Offset Fee	30 MoReg 605September 25, 2005
Division of Medical Services		
13 CSR 70-2.020	Scope of Medical Services for General Relief Recipients	This IssueDecember 27, 2005
13 CSR 70-4.090	Uninsured Women's Health Program	This IssueDecember 27, 2005
13 CSR 70-4.100	Preventing Medicaid Payment of Expenses Used to Meet Spenddown . .	30 MoReg 1109October 31, 2005
13 CSR 70-10.015	Prospective Reimbursement Plan for Nursing Facility Services	30 MoReg 761September 27, 2005
13 CSR 70-10.015	Prospective Reimbursement Plan for Nursing Facility Services	Next IssueDecember 27, 2005
13 CSR 70-10.080	Prospective Reimbursement Plan for HIV Nursing Facility Services . .	30 MoReg 761September 27, 2005
13 CSR 70-10.080	Prospective Reimbursement Plan for HIV Nursing Facility Services . .	Next IssueDecember 27, 2005
13 CSR 70-15.110	Federal Reimbursement Allowance (FRA)	This IssueDecember 13, 2005
Department of Health and Senior Services		
Division of Senior Services and Regulation		
19 CSR 30-81.030	Evaluation and Assessment Measures for Title XIX Recipients and Applicants in Long-Term Care Facilities	Next IssueDecember 27, 2005
Missouri Health Facilities Review Committee		
19 CSR 60-50.430	Application Package	This IssueDecember 30, 2005
Department of Insurance		
Life, Annuities and Health		
20 CSR 400-3.650	Medicare Supplement Insurance Minimum Standards Act	30 MoReg 1219February 2, 2006
Licensing		
20 CSR 700-1.145	Demonstrating Incompetence, Untrustworthiness or Financial Irresponsibility in the Conduct of Variable Life and Variable Annuity Business by Insurance Producers	30 MoReg 1043January 1, 2006

Executive Orders

Executive Orders	Subject Matter	Filed Date	Publication
2005			
05-01	Rescinds Executive Order 01-09	January 11, 2005	30 MoReg 261
05-02	Restricts new lease and purchase of vehicles, cellular phones, and office space by executive agencies	January 11, 2005	30 MoReg 262
05-03	Closes state's Washington D.C. office	January 11, 2005	30 MoReg 264
05-04	Authorizes Transportation Director to issue declaration of regional or local emergency with reference to motor carriers	January 11, 2005	30 MoReg 266
05-05	Establishes the 2005 Missouri State Government Review Commission	January 24, 2005	30 MoReg 359
05-06	Bans the use of video games by inmates in all state correctional facilities	January 24, 2005	30 MoReg 362
05-07	Consolidates the Office of Information Technology to the Office of Administration's Division of Information Services	January 26, 2005	30 MoReg 363
05-08	Consolidates the Division of Design and Construction to Division of Facilities Management, Design and Construction	February 2, 2005	30 MoReg 433
05-09	Transfers the Missouri Head Injury Advisory Council to the Department of Health and Senior Services	February 2, 2005	30 MoReg 435
05-10	Transfers and consolidates in-home care for elderly and disabled individuals from the Department of Elementary and Secondary Education and the Department of Social Services to the Department of Health and Senior Services	February 3, 2005	30 MoReg 437
05-11	Rescinds Executive Order 04-22 and orders the Department of Health and Senior Services and all Missouri health care providers and others that possess influenza vaccine adopt the Center for Disease Control and Prevention, Advisory Committee for Immunization Practices expanded priority group designations as soon as possible and update the designations as necessary	February 3, 2005	30 MoReg 439
05-12	Designates members of staff with supervisory authority over selected state agencies	March 8, 2005	30 MoReg 607
05-13	Establishes the Governor's Advisory Council for Plant Biotechnology	April 26, 2005	30 MoReg 1110
05-14	Establishes the Missouri School Bus Safety Task Force	May 17, 2005	30 MoReg 1299
05-15	Establishes the Missouri Task Force on Eminent Domain	June 28, 2005	Next Issue
05-16	Transfers all power, duties and functions of the State Board of Mediation to the Labor and Industrial Relations Commission of Missouri	July 1, 2005	Next Issue
05-17	Declares drought alert for the counties of Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Pemiscot, Perry, Pike, Ralls, Reynolds, Ripley, Ste. Francois, Ste. Genevieve, Scott, Shannon, Stoddard and Wayne	July 5, 2005	August 15, 2005
2004			
04-01	Establishes the Public Safety Officer Medal of Valor, and the Medal of Valor Review Board	February 3, 2004	29 MoReg 294
04-02	Designates staff having supervisory authority over agencies	February 3, 2004	29 MoReg 297
04-03	Creates the Missouri Automotive Partnership	January 14, 2004	29 MoReg 151
04-04	Creates the Missouri Methamphetamine Education and Prevention Task Force	January 27, 2004	29 MoReg 154
04-05	Establishes a Missouri Methamphetamine Treatment Task Force	January 27, 2004	29 MoReg 156
04-06	Establishes a Missouri Methamphetamine Enforcement and Environmental Protection Task Force	January 27, 2004	29 MoReg 158
04-07	Establishes the Missouri Commission on Patient Safety and supercedes Executive Order 03-16	February 3, 2004	29 MoReg 299
04-08	Transfers the Governor's Council on Disability and the Missouri Assistive Technology Advisory Council to the Office of Administration	February 3, 2004	29 MoReg 301
04-09	Requires vendors to disclose services performed offshore. Restricts agencies in awarding contracts to vendors of offshore services	March 17, 2004	29 MoReg 533
04-10	Grants authority to Director of Department of Natural Resources to temporarily waive regulations during periods of emergency and recovery	May 28, 2004	29 MoReg 965
04-11	Declares regional state of emergency because of the need to repair electrical outages by various contractors, including a Missouri contractor. Allows temporary exemption from federal regulations	May 28, 2004	29 MoReg 967
04-12	Declares emergency conditions due to severe weather in all Northern and Central Missouri counties	June 4, 2004	29 MoReg 968
04-13	Declares June 11, 2004 to be day of mourning for President Ronald Reagan	June 7, 2004	29 MoReg 969

Executive Orders	Subject Matter	Filed Date	Publication
04-14	Establishes an Emancipation Day Commission. Requests regular observance of Emancipation Proclamation on June 19	June 17, 2004	29 MoReg 1045
04-15	Declares state of emergency due to lost electrical service in St. Louis region	July 7, 2004	29 MoReg 1159
04-19	Implements the EMAC with the State of Florida, activates the EMAC plan, and authorizes the use of the Missouri National Guard	September 10, 2004	29 MoReg 1430
04-20	Reestablishes the Poultry Industry Committee	September 14, 2004	29 MoReg 1432
04-21	Directs the creation of the Forest Utilization Committee within the Missouri Department of Conservation	September 14, 2004	29 MoReg 1434
04-22	Requests health care providers limit influenza vaccinations to high risk persons. Orders various actions by providers, Missouri Department of Health and Senior Services, and Attorney General's Office regarding influenza vaccine supply.	October 25, 2004	29 MoReg 1683
04-23	Creates the Forest Utilization Committee within the Missouri Department of Conservation. Supersedes and rescinds Executive Order 04-21	October 22, 2004	29 MoReg 1685
04-24	Rescinds Executive Order 03-15	October 22, 2004	29 MoReg 1687
04-25	Rescinds Executive Order 03-27	October 22, 2004	29 MoReg 1688
04-26	Authorizes Adjutant General to recognize Noncommissioned Officers with a First Sergeant's ribbon	November 1, 2004	29 MoReg 1791
04-27	Closes state offices Friday November 26, 2004	November 1, 2004	29 MoReg 1792
04-28	Closes state offices Monday, January 10, 2005	December 6, 2004	29 MoReg 2256
04-29	Rescinds Executive Order 04-22	January 4, 2005	30 MoReg 147

The rule number and the MoReg publication date follow each entry to this index.

ACUPUNCTURIST ADVISORY COMMITTEE

credentials, name, address changes; 4 CSR 15-1.020; 3/15/05, 7/1/05

fees; 4 CSR 15-1.030; 3/15/05, 7/1/05

standards of practice; 4 CSR 15-3.010; 3/15/05, 7/1/05

ADMINISTRATIVE HEARING COMMISSION

answers, pleadings; 1 CSR 15-3.380; 7/1/05

complaints; 1 CSR 15-3.350; 7/1/05

filing of documents, fax, posting of bond; 1 CSR 15-3.290; 7/1/05
hearings; 1 CSR 15-3.490; 7/1/05

ADMINISTRATION, OFFICE OF

vendor registration, bidding, suspension, debarment;
1 CSR 40-1.060; 7/15/05

ADULT DAY CARE PROGRAM

definitions; 19 CSR 30-90.010; 10/15/04, 2/1/05

fire safety, facility physical requirements; 19 CSR 30-90.070;
10/15/04, 2/1/05

fire safety requirements; 19 CSR 30-90.080; 10/15/04, 2/1/05
licensure; 19 CSR 30-90.020; 10/15/04, 2/1/05

participant's rights; 19 CSR 30-90.030; 10/15/04, 2/1/05
program policies, participant care; 19 CSR 30-90.050; 10/15/04,
2/1/05

record keeping requirements; 19 CSR 30-90.060; 10/15/04, 2/1/05
staffing requirements; 19 CSR 30-90.040; 10/15/04, 2/1/05

AGRICULTURE, DEPARTMENT OF

value-added loan guarantee program; 2 CSR 100-7.010; 1/18/05,
5/2/05

tax credits; 2 CSR 100-10.010; 1/18/05, 5/2/05

AIR QUALITY, POLLUTION

appeals, requests for hearings; 10 CSR 10-1.030; 6/15/05

conformity to state and federal plans, programs

Kansas City; 10 CSR 10-2.390; 5/2/05

St. Louis; 10 CSR 10-5.480; 5/2/05

construction permit exemptions; 10 CSR 10-6.061; 8/2/04, 1/3/05
emissions

data, fees, process information; 10 CSR 10-6.110; 6/15/05

electric generating units, non-electric generating boilers;

10 CSR 10-6.360; 3/15/05

hazardous air pollutants; 10 CSR 10-6.080; 4/1/05

large internal combustion engines; 10 CSR 10-6.390; 3/15/05

lead smelter-refinery installations; 10 CSR 10-6.120; 8/2/04,
2/1/05

Portland cement kilns; 10 CSR 10-6.380; 3/15/05

maximum achievable control technology; 10 CSR 10-6.075; 4/1/05

new source performance regulations; 10 CSR 10-6.070; 4/1/05

operating permits; 10 CSR 10-6.065; 1/18/05, 2/1/05

AMUSEMENT PARKS

exemptions; 11 CSR 40-6.025; 11/15/04, 3/1/05

inspections; 11 CSR 40-6.031; 11/15/04, 3/1/05

itinerary required; 11 CSR 40-6.033; 11/15/04, 3/1/05

liability insurance; 11 CSR 40-6.040; 11/15/04, 3/1/05

operator, requirements; 11 CSR 40-6.080; 11/15/04, 3/1/05

owner, maintain records; 11 CSR 40-6.075; 11/15/04, 3/1/05

terms, defined; 11 CSR 40-6.020; 11/15/04, 3/1/05

ANIMAL HEALTH

admission of livestock; 2 CSR 30-2.010; 10/1/04, 1/18/05,
5/16/05, 7/15/05

duties, market sale veterinarian; 2 CSR 30-6.020; 10/1/04, 1/18/05

exhibition, requirements; 2 CSR 30-2.040; 4/15/05

ice cream containers, tags; 2 CSR 30-22.010; 12/15/04, 4/1/05

inspection of meat and poultry; 2 CSR 30-10.010; 12/15/04,
4/1/05

APPRAISERS, REAL ESTATE

certificate or license; temporary nonresident; 4 CSR 245-4.060;
8/2/04, 1/3/05

fees; 4 CSR 245-5.020; 8/2/04, 1/3/05

miscellaneous; 4 CSR 245-5.030; 8/2/04, 1/3/05

practice standards; 4 CSR 245-9.010; 8/2/04, 1/3/05

ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS, LANDSCAPE ARCHITECTS

admission to examination

architects; 4 CSR 30-5.030; 6/15/05

engineers; 4 CSR 30-5.080; 6/15/05

certificate of authority; 4 CSR 30-10.010; 6/15/05

complaints, procedure; 4 CSR 30-12.010; 12/1/04, 5/2/05

fire suppression systems, design of; 4 CSR 30-21.010; 6/15/05

land surveyor; 4 CSR 30-8.020; 6/15/05

reexamination; 4 CSR 30-5.060; 1/3/05, 5/2/05

ASSISTIVE TECHNOLOGY ADVISORY COUNCIL, MISSOURI

assistive technology loan program; 8 CSR 70-1.020 (changed to
1 CSR 70-1.020); 7/1/05

telecommunications access program; 8 CSR 70-1.010 (changed to
1 CSR 70-1.010); 7/1/05

ATHLETE AGENTS

fees; 4 CSR 45-1.010; 10/1/04, 1/18/05

ATHLETIC TRAINERS

applicants; 4 CSR 150-6.020; 4/1/05, 7/15/05

code of ethics; 4 CSR 150-6.040; 4/1/05, 7/15/05

definitions; 4 CSR 150-6.010; 4/1/05, 7/15/05

examinations; 4 CSR 150-6.025; 4/1/05, 7/15/05

fees; 4 CSR 150-6.050; 4/1/05, 7/15/05

registration

by reciprocity; 4 CSR 150-6.030; 4/1/05, 7/15/05

renewal of; 4 CSR 150-6.060; 4/1/05, 7/15/05

supervision

changes, name, address, physician; 4 CSR 150-6.070; 4/1/05,
7/15/05

ATHLETICS, OFFICE OF

contestants; 4 CSR 40-4.090; 6/15/05

tickets, taxes; 4 CSR 40-3.011; 6/15/05

wrestling, professional; 4 CSR 40-5.030; 6/15/05

ATTORNEY GENERAL, OFFICE OF THE

legal expense fund

contract procedures; 15 CSR 60-14.020; 10/15/04, 3/1/05

definitions; 15 CSR 60-14.010; 10/15/04, 3/1/05

documentation of legal practice; 15 CSR 60-14.030; 10/15/04,
3/1/05

no-call database, fee established; 15 CSR 60-13.060; 4/15/05

BARBER EXAMINERS, STATE BOARD OF

fees; 4 CSR 60-1.025; 11/15/04, 3/15/05, 5/2/05

licensure by examination; 4 CSR 60-2.015; 5/2/05

schools/colleges, rules, curriculum; 4 CSR 60-3.015; 5/2/05

shops; 4 CSR 60-2.040; 5/2/05

BEVERAGE MANUFACTURERS AND DISTRIBUTORS

licensing, collection of fees; 19 CSR 20-1.060; 5/16/05

BINGO

bank account; 11 CSR 45-30.220; 1/3/05, 5/2/05
 card; 11 CSR 45-30.035; 1/3/05, 5/2/05
 contraband; 11 CSR 45-30.545; 1/3/05, 5/2/05
 electronic bingo card monitoring devices; 11 CSR 45-30.600; 1/3/05, 5/2/05
 equipment; 11 CSR 45-30.160; 1/3/05, 5/2/05
 co-ownership of equipment; 11 CSR 45-30.290; 1/3/05, 5/2/05
 defined; 11 CSR 45-30.155; 1/3/05, 5/2/05
 leases, reasonable market rental rate; 11 CSR 45-30.300; 1/3/05, 5/2/05
 game operation definitions; 11 CSR 45-30.205; 1/3/05, 5/2/05
 games, special; 11 CSR 45-30.030; 1/3/05, 5/2/05
 gross receipts; 11 CSR 45-30.050; 1/3/05, 5/2/05
 inventory, ownership, leasing of equipment; 11 CSR 45-30.180; 1/3/05, 5/2/05
 leased locations; 11 CSR 45-30.240; 1/3/05, 5/2/05
 license, regular bingo; 11 CSR 45-30.070; 1/3/05, 5/2/05
 market rental for leased premises; 11 CSR 45-30.235; 1/3/05, 5/2/05
 merchandise prizes; 11 CSR 45-30.200; 1/3/05, 5/2/05
 net receipts from bingo; 11 CSR 45-30.280; 1/3/05, 5/2/05
 occasions; 11 CSR 45-30.040; 1/3/05, 6/1/05
 operators; 11 CSR 45-30.060; 1/3/05, 5/2/05
 organization; 11 CSR 4-30.175; 1/3/05, 5/2/05
 participation; 11 CSR 45-30.340; 1/3/05, 5/2/05
 premises defined, inspections, gambling devices prohibited; 11 CSR 45-30.270; 1/3/05, 5/2/05
 progressive games; 11 CSR 45-30.370; 1/3/05, 5/2/05
 promotions; 11 CSR 45-30.025; 1/3/05, 5/2/05
 pull-tab cards; 11 CSR 45-30.350; 1/3/05, 5/2/05
 pull-tab packaging, assembly, distribution; 11 CSR 45-30.575; 1/3/05, 5/2/05
 record keeping requirements, supplier; 11 CSR 45-30.525; 1/3/05, 5/2/05
 records required; 11 CSR 45-30.170; 1/3/05, 5/2/05
 sale of pull-tab cards; 11 CSR 45-30.355; 1/3/05, 6/1/05
 reports; 11 CSR 45-30.210; 1/3/05, 5/2/05
 worker-player; 11 CSR 45-30.140; 1/3/05, 5/2/05
 workers; 11 CSR 45-30.135; 1/3/05, 6/1/05

BOATER SAFETY, MANDATORY EDUCATION PROGRAM

permits, temporary nonresident rental vessel operators; 11 CSR 80-9.020; 3/15/05, 7/1/05

CEMETERIES, ENDOWED CARE

advisory committee; 4 CSR 65-1.020; 8/2/04, 1/3/05
 application; 4 CSR 65-2.010; 8/2/04, 1/3/05
 complaint handling, disposition; 4 CSR 65-1.050; 8/2/04, 1/3/05
 definitions; 4 CSR 65-1.030; 8/2/04, 1/3/05

CERTIFICATE OF NEED PROGRAM

application package; 19 CSR 60-50.430; 7/15/05

CHILDREN'S DIVISION

accreditation, licensing; 13 CSR 35-50.010; 2/1/05, 5/16/05
 child abuse/neglect hotline reports; 13 CSR 35-20.010; 12/15/04, 5/2/05
 residential care cost reporting system; 13 CSR 35-80.020; 2/15/05, 7/15/05
 residential foster care maintenance methodology; 13 CSR 35-80.010; 2/15/05
 voluntary placement agreement; 13 CSR 35-30.010; 2/1/05, 5/16/05

CHIROPRACTIC EXAMINERS, STATE BOARD OF

application for licensure; 4 CSR 70-2.040; 5/2/05
 certification, specialty; 4 CSR 70-2.032; 5/2/05

fees; 4 CSR 70-2.090; 5/2/05
 license renewal, biennial; 4 CSR 70-2.080; 5/2/05
 preceptorship; 4 CSR 70-3.010; 5/2/05
 reciprocity; 4 CSR 70-2.070; 5/2/05
 rules, professional conduct; 4 CSR 70-2.060; 5/2/05

CLEAN WATER COMMISSION

effluent regulations; 10 CSR 20-7.015; 5/2/05
 water quality standards; 10 CSR 20-7.031; 5/2/05

CONSERVATION COMMISSION

black bass; 3 CSR 10-6.505; 11/15/04, 2/1/05
 boats, motors; 3 CSR 10-12.110; 11/15/04, 2/1/05; 6/1/05
 breeders, wildlife; 3 CSR 10-9.353; 2/2/04, 4/15/04
 bullfrogs and green frogs; 3 CSR 10-6.615; 11/1/04, 1/18/05; 3 CSR 10-12.115; 11/15/04, 2/1/05, 6/1/05
 catfish; 3 CSR 10-6.510; 11/1/04, 1/18/05
 closed hours; 3 CSR 10-12.109; 11/1/04, 1/18/05, 6/1/05
 closings; 3 CSR 10-11.115; 6/1/05
 commercial fishing; 3 CSR 10-10.725; 11/1/04, 1/18/05
 commercialization; 3 CSR 10-10.705; 11/1/04, 1/18/05
 decoys and blinds; 3 CSR 10-11.155; 11/1/04, 1/18/05
 deer hunting; 3 CSR 10-7.431; 11/1/04, 1/18/05; 3 CSR 10-11.182; 11/15/04, 2/1/05
 archery season; 3 CSR 10-7.432; 7/15/05
 firearms seasons; 3 CSR 10-7.433; 7/15/05
 landowner privileges; 3 CSR 10-7.434; 7/15/05
 managed deer hunts; 3 CSR 10-11.183; 11/15/04, 2/1/05
 seasons; 3 CSR 10-7.431; 7/15/05
 definitions; 3 CSR 10-20.805; 11/15/04, 2/1/05, 6/1/05
 department area regulations; 3 CSR 10-7.438; 11/15/04, 2/1/05, 7/15/05
 endangered species; 3 CSR 10-4.111; 11/1/04, 1/18/05
 resident permit; 3 CSR 10-9.440; 11/1/04, 1/18/05
 field trial; 3 CSR 10-11.125; 11/1/04, 1/18/05
 permit; 3 CSR 10-9.625; 11/1/04, 1/18/05
 fish
 monetary values established; 3 CSR 10-3.010; 11/1/04, 1/18/05
 other; 3 CSR 10-6.550; 2/2/04, 5/3/04
 fishing
 daily and possession limits; 3 CSR 10-12.140; 2/1/05, 6/1/05
 3 CSR 10-11.210; 11/1/04, 1/18/05
 length limits; 3 CSR 10-11.215; 11/1/04, 1/18/05; 3 CSR 10-12.145; 11/15/04, 2/1/05, 6/1/05
 methods; 3 CSR 10-6.410; 11/1/04, 1/18/05, 3/1/05, 5/16/05
 3 CSR 10-12.135; 11/1/04, 1/18/05, 3/1/05
 methods, hours; 3 CSR 10-11.205; 11/1/04, 1/18/05
 possession limits; 3 CSR 10-12.140; 11/15/04
 tag and release; 3 CSR 10-10.732; 11/1/04, 1/18/05
 trout parks; 3 CSR 10-12.150; 6/1/05
 furbearers
 trapping seasons; 3 CSR 10-8.515; 11/1/04, 1/18/05
 ginseng; 3 CSR 10-4.113; 11/1/04, 1/18/05
 groundhogs; 3 CSR 10-7.427; 11/1/04, 1/18/05
 hand fishing, experimental, catfish; 3 CSR 10-6.511; 2/1/05
 hound running area
 operator permit; 3 CSR 10-9.570; 11/1/04, 1/18/05
 privileges, requirements; 3 CSR 10-9.575; 11/1/04, 1/18/05
 hunting; 3 CSR 10-11.180; 11/15/04, 2/1/05
 methods; 3 CSR 10-7.410; 11/1/04, 1/18/05, 6/1/05, 7/15/05
 hunting, trapping; 3 CSR 10-12.125; 11/15/04, 2/1/05, 6/1/05
 licensed hunting preserve
 records required; 3 CSR 10-9.566; 11/1/04, 1/18/05
 live bait; 3 CSR 10-6.605; 11/1/04, 1/18/05
 mussels and clams; 3 CSR 10-6.610; 11/1/04, 1/18/05
 paddlefish; 3 CSR 10-6.525; 11/1/04, 1/18/05
 permit
 antlerless deer hunting; 3 CSR 10-7.437; 7/15/05
 commercial deer processing; 3 CSR 10-10.744; 6/1/05

issuing agent, service fees; 3 CSR 10-5.225; 11/1/04, 1/18/05
privileges; 3 CSR 10-5.215; 11/1/04, 1/18/05
required, exceptions; 3 CSR 10-5.205; 11/1/04, 1/18/05, 7/15/05
trout fishing; 3 CSR 10-9.645; 6/1/05
youth deer and turkey; 3 CSR 10-5.420; 7/15/05
pets and hunting dogs; 3 CSR 10-11.120; 11/1/04, 1/18/05
pheasants; 3 CSR 10-7.430; 11/15/04, 2/1/05
prohibitions
 applications; 3 CSR 10-9.110; 11/15/04, 2/1/05, 6/1/05
 general; 3 CSR 10-4.110; 11/1/04, 1/18/05
restricted zones; 3 CSR 10-6.415; 11/1/04, 1/18/05, 6/1/05
shovelnose sturgeon; 3 CSR 10-6.533; 11/1/04, 1/18/05
species, prohibited; 3 CSR 10-4.117; 6/1/05
target shooting and shooting ranges; 3 CSR 10-11.150; 11/1/04, 1/18/05
trapping; 3 CSR 10-11.187; 11/1/04, 1/18/05
tree stands; 3 CSR 10-11.145; 11/1/04, 1/18/05
trout; 3 CSR 10-6.535; 11/1/04, 1/18/05, 6/1/05
 parks, fishing; 3 CSR 10-12.150; 11/1/04, 1/18/05
 permit; 3 CSR 10-5.430; 11/1/04, 1/18/05
turkey; 3 CSR 10-7.455; 11/1/04, 1/18/05, 2/1/05; 7/15/05
 nonresident hunting permit; 3 CSR 10-5.565; 11/1/04, 1/18/05
 landowner; 3 CSR 10-5.579; 11/1/04, 1/18/05
waterfowl hunting; 3 CSR 10-11.186; 11/1/04, 1/18/05
wildlife
 Class II; 3 CSR 10-9.240; 11/1/04, 1/18/05
 collector's permit; 3 CSR 10-9.425; 11/1/04, 1/18/05
 confinement standards; 3 CSR 10-9.220; 11/1/04, 1/18/05
 provisions, general; 3 CSR 10-9.105; 11/1/04, 1/18/05
use of traps; 3 CSR 10-8.510; 11/1/04, 1/18/05

COSMETOLOGY, STATE BOARD OF

esthetic schools; 4 CSR 90-2.030; 9/1/04, 1/3/05
fees; 4 CSR 90-13.010; 9/1/04, 1/3/05
manicuring schools; 4 CSR 90-2.020; 9/1/04, 1/3/05
schools; 4 CSR 90-2.010; 9/1/04, 1/3/05
shops; 4 CSR 90-4.010; 9/1/04, 1/3/05

COUNSELORS, COMMITTEE FOR PROFESSIONAL

acceptable agents; 4 CSR 95-1.030; 1/3/05, 5/2/05
application; 4 CSR 95-1.010; 1/3/05, 5/2/05
 licensure; 4 CSR 95-2.065; 1/3/05, 5/2/05
client welfare; 4 CSR 95-3.015; 1/3/05, 5/2/05
complaint handling, disposition procedures; 4 CSR 95-1.050;
 4 CSR 95-4.010; 1/3/05, 5/2/05
definitions; 4 CSR 95-3.020; 1/3/05, 5/2/05
disciplinary rules
 assessment; 4 CSR 95-3.160; 1/3/05, 5/2/05
 client relationships; 4 CSR 95-3.060; 1/3/05, 5/2/05
 competence; 4 CSR 95-3.200; 1/3/05, 5/2/05
 confidentiality; 4 CSR 95-3.140; 1/3/05, 5/2/05
 group relationships; 4 CSR 95-3.090; 1/3/05, 5/2/05
 license credentials; 4 CSR 95-3.220; 1/3/05, 5/2/05
 moral, legal standards; 4 CSR 95-3.040; 1/3/05, 5/2/05
 professional relationships; 4 CSR 95-3.080; 1/3/05, 5/2/05
 public statements/fees; 4 CSR 95-3.120; 1/3/05, 5/2/05
 research activities; 4 CSR 95-3.180; 1/3/05, 5/2/05
educational requirements; 4 CSR 95-2.010; 1/3/05, 5/2/05
endorsement of exam score; 4 CSR 95-2.080; 1/3/05, 5/2/05
ethical considerations
 assessment; 4 CSR 95-3.150; 1/3/05, 5/2/05
 client relationships; 4 CSR 95-3.050; 1/3/05, 5/2/05
 competence; 4 CSR 95-3.190; 1/3/05, 5/2/05
 confidentiality; 4 CSR 95-3.130; 1/3/05, 5/2/05
 group relationships; 4 CSR 95-3.100; 1/3/05, 5/2/05
 license credentials; 4 CSR 95-3.210; 1/3/05, 5/2/05
 moral, legal standards; 4 CSR 95-3.030; 1/3/05, 5/2/05
 professional relationships; 4 CSR 95-3.070; 1/3/05, 5/2/05

public statements/fees; 4 CSR 95-3.110; 1/3/05, 5/2/05
research activities; 4 CSR 95-3.170; 1/3/05, 5/2/05
examinations; 4 CSR 95-2.030; 1/3/05, 5/2/05
experience, supervised counseling; 4 CSR 95-2.020; 1/3/05, 5/2/05
fees; 4 CSR 95-1.020; 1/3/05, 5/2/05
license renewal; 4 CSR 95-1.060; 1/3/05, 5/2/05
name and address change; 4 CSR 95-2.060; 1/3/05, 5/2/05
organization; 4 CSR 95-1.005; 1/3/05, 5/2/05
reciprocity; 4 CSR 95-2.070; 1/3/05, 5/2/05
reexamination; 4 CSR 95-2.040; 1/3/05, 5/2/05
release of public records; 4 CSR 95-1.040; 1/3/05, 5/2/05
renewal of license; 4 CSR 95-2.050; 1/3/05, 5/2/05
scope of coverage; 4 CSR 95-3.010; 1/3/05, 5/2/05
supervisors and responsibilities; 4 CSR 95-2.021; 1/3/05, 5/2/05

CREDIT UNION COMMISSION

deposit of public funds; 4 CSR 100-2.205; 12/1/04, 3/15/05
member business loans; 4 CSR 100-2.045; 12/1/04, 3/15/05

DEAF AND HARD OF HEARING, MISSOURI COMMISSION FOR THE

fees; 5 CSR 100-200.150; 3/15/05, 7/1/05
interpreters certification system; 5 CSR 100-200.030; 3/15/05, 7/1/05
provisional restricted certification; 5 CSR 100-200.045; 1/15/04, 6/15/04, 3/15/05, 7/1/05
reinstatement; 5 CSR 100-200.210; 3/15/05, 7/1/05
revocation; 5 CSR 100-200.220; 3/15/05, 7/1/05
skill level standards; 5 CSR 100-200.170; 3/15/05, 7/1/05
written test; 5 CSR 100-200.060; 7/1/05

DENTAL BOARD, MISSOURI

certification of dental specialists; 4 CSR 110-2.090; 4/1/05, 7/15/05
 federally qualified health centers; 4 CSR 110-2.260; 5/16/05
confidentiality
 conscious sedation; 4 CSR 110-4.020; 10/15/04, 3/1/05
 guidelines for administration; 4 CSR 110-4.030; 10/15/04, 3/1/05
 parenteral; 4 CSR 110-2.181; 10/15/04, 3/1/05
continuing education; 4 CSR 110-2.240; 4/1/05, 7/15/05
definitions; 4 CSR 110-4.010; 10/15/04, 3/1/05
dental specialties; 4 CSR 110-2.085; 8/2/04, 1/3/05
endodontic materials; 4 CSR 100-2.230; 5/16/05
fees; 4 CSR 110-2.170; 4/1/05, 7/15/05
license renewal; 4 CSR 110-2.071; 4/1/05, 7/15/05
sedation
 conscious sedation; 4 CSR 110-4.020; 10/15/04, 3/1/05
 deep sedation/general anesthesia; 4 CSR 110-4.040; 10/15/04, 3/1/05
 fees; 4 CSR 110-2.170; 10/15/04, 3/1/05
 general anesthesia; 4 CSR 110-2.180; 10/15/04, 3/1/05
 guidelines for administration; 4 CSR 110-4.030; 10/15/04, 3/1/05
 parenteral; 4 CSR 110-2.181; 10/15/04, 3/1/05

DISEASES, COMMUNICABLE, ENVIRONMENTAL, OCCUPATIONAL

definitions; 19 CSR 20-20.010; 11/1/04, 3/1/05
laboratories, duties of; 19 CSR 20-20.080; 5/16/05
reporting of; 19 CSR 20-20.020; 11/1/04, 3/1/05

DRIVERS LICENSE BUREAU

calculation of the commercial driver disqualification;
 12 CSR 10-24.474; 5/16/05
excessive speed defined; 12 CSR 10-24.428; 5/16/05
records, deletion of traffic convictions, suspension or revocation;
 12 CSR 10-24.050; 5/16/05
ten year disqualification; 12 CSR 10-24.444; 5/16/05

DRUGS AND DEVICES, PROTECTION OF

inspection, manufacture, and sale; 19 CSR 20-2.010; 5/16/05
return and resale; 19 CSR 20-2.030; 5/16/05

DRY-CLEANING ENVIRONMENTAL RESPONSE TRUST FUND

abandoned sites, notification; 10 CSR 25-17.160; 5/17/04, 2/1/05
application procedures; 10 CSR 25-17.090; 5/17/04, 2/1/05
applicability; 10 CSR 25-17.010; 5/17/04, 2/1/05
claims; 10 CSR 25-17.150; 5/17/04, 2/1/05
closure of facilities; 10 CSR 25-17.070; 5/17/04, 2/1/05
definitions; 10 CSR 25-17.020; 5/17/04, 2/1/05
eligibility; 10 CSR 25-17.110; 5/17/04, 2/1/05
participation; 10 CSR 25-17.100; 5/17/04, 2/1/05
payment of deductible and limits; 10 CSR 25-17.120; 5/17/04, 2/1/05
registration and surcharges; 10 CSR 25-17.030; 5/17/04, 2/1/05
reimbursement procedures; 10 CSR 25-17.140; 5/17/04, 2/1/05
releases and contamination; 10 CSR 25-17.050; 5/17/04, 2/1/05
reporting and record keeping; 10 CSR 25-17.040; 5/17/04, 2/1/05
site characterization and corrective action; 10 CSR 25-17.080; 5/17/04, 2/1/05
site prioritization and completion; 10 CSR 25-17.060; 5/17/04, 2/1/05
suspension of collection of surcharges; 10 CSR 25-17.130; 5/17/04, 2/1/05
violations; 10 CSR 25-17.170; 5/17/04, 2/1/05

ELEMENTARY AND SECONDARY EDUCATION

academically deficient schools; 5 CSR 50-340.110; 5/2/05
certificate of license to teach
administrators; 5 CSR 80-800.220; 11/1/04, 3/15/05
application; 5 CSR 80-800.200; 11/1/04, 3/15/05
adult education and literacy; 5 CSR 80-800.280; 11/1/04, 3/15/05
classification; 5 CSR 80-800.360; 11/1/04, 3/15/05
content areas; 5 CSR 80-800.350; 11/1/04, 3/15/05
criminal history, background clearance; 5 CSR 80-800.400; 11/1/04, 3/15/05
student services; 5 CSR 80-800.230; 11/1/04, 3/15/05
vocational-technical; 5 CSR 80-800.270; 11/1/04, 3/15/05
temporary authorization; 5 CSR 80-800.260; 11/1/04, 3/15/05
classroom teacher jobsharing; 5 CSR 80-670.100; 11/15/04, 4/15/05
family literacy program; 5 CSR 60-100.050; 11/1/04, 3/15/05
priority schools; 5 CSR 50-340.150; 11/15/04, 4/15/05
professional education certification; 5 CSR 80-800.380; 11/1/04, 3/15/05

ELEVATORS

fees, penalties; 11 CSR 40-5.110; 6/1/05

EMBALMERS AND FUNERAL DIRECTORS, STATE BOARD

funeral directing; 4 CSR 120-2.060; 2/2/04, 6/1/04, 10/15/04, 3/15/05

ENERGY ASSISTANCE

low income energy assistance; 13 CSR 40-19.020; 11/1/04

EXECUTIVE ORDERS

Automotive Partnership; 04-03; 2/2/04
closes Washington D.C. office; 05-03; 2/1/05
day of mourning in respect to Ronald Reagan; 04-13; 6/15/04
disposal of debris due to severe weather; 04-12; 6/15/04
Division of Design and Construction consolidates to Division of Facilities Management, Design and Construction; 05-08; 3/1/05
electrical outages, utility exemptions for repair; 04-11; 6/15/04
Emancipation Day Commission; 04-14; 7/1/04
EMAC with the State of Florida; 04-19; 10/1/04

Emergency Mutual Aid Compact agreement with the State of Florida; 04-17; 9/15/04

Executive Order 01-09 rescinded; 05-01; 2/1/05
First sergeant's ribbon authorized; 04-26; 11/15/04
Forest Utilization Committee; 04-21, 10/1/04; 04-23, 11/1/04
Governor's Council on Disability and Assistive Technology Council transfers to Office of Administration; 04-08; 2/17/04
Head Injury Advisory Council; 05-09; 3/1/05
holiday schedule, closes state offices on November 26, 2004; 04-27; 11/15/04
inauguration day; 04-28; 12/15/04
information technology and services; 05-07; 2/15/05
influenza vaccine supply; 04-22; 11/1/04
expanded priority group designation; 05-11; 3/1/05
rescinded by; 04-29; 1/18/05
in-home health care programs; 05-10; 3/1/05
jurisdiction over the St. Louis Army Ammunition Plant; 04-18; 9/15/04
lost of electrical service, St Louis; 04-15; 8/2/04
Medal of Valor; 04-01; 2/17/04
Methamphetamine Education and Prevention Task Force; 04-04 2/2/04
Methamphetamine Enforcement and Environmental Protection Task Force; 04-06; 2/2/04
Methamphetamine Treatment Task Force; 04-05; 2/2/04
Missouri Head Injury Advisory Council transfers to the Department of Health and Senior Services; 05-09; 3/1/05
natural disaster in Northern Missouri; 04-10; 6/15/04
Patient Safety, Commission on; 04-07; 2/17/04
Plant Biotechnology, Governor Advisory Council on; 05-13; 6/1/05
Poultry Industry Committee; 04-20; 10/1/04
restricts new lease of vehicles, cell phones, office space; 05-02; 2/1/05
small business regulatory fairness board; 03-15, 10/1/03; 04-24, 11/1/04
special census, City of Licking; 04-16; 8/16/04
State Government Review Commission; 05-05; 2/15/05
supervisory authority; 04-02; 2/17/04
governor's staff, departments; 05-12; 4/1/05
use of Missouri products and services; 03-27, 12/15/03; 04-25, 11/1/04
vendors and procurement; 04-09; 4/1/04
video games, inmates; 05-06; 2/15/05

FAMILY SUPPORT DIVISION

federal income tax refund offset fee; 13 CSR 40-110.020; 4/1/05
grandparents as foster parents; 13 CSR 40-2.380; 7/15/05
Medicaid eligibility in General Relief prior to application; 13 CSR 40-2.240; 7/15/05
order review and modification fee; 13 CSR 40-110.030; 3/15/05

FAMILY TRUST, MISSOURI

charitable trust; 21 CSR 10-4.020; 6/1/05
regulations; 21 CSR 10-3.010; 6/1/05
definitions; 21 CSR 10-1.020; 6/1/05
family trust; 21 CSR 10-4.010; 6/1/05
meetings of the board; 21 CSR 10-1.030; 6/1/05
organization; 21 CSR 10-1.010; 6/1/05
terms and conditions; 21 CSR 10-2.010; 6/1/05

FIREWORKS

licenses, sales; 11 CSR 40-3.010; 10/1/04, 2/1/05

FOOD ESTABLISHMENTS

sanitation; 19 CSR 20-1.025; 4/1/05

GAMING COMMISSION, MISSOURI

definitions; 11 CSR 45-1.090; 2/15/05, 7/1/05
disciplinary action; 11 CSR 45-13.050; 8/1/03, 1/2/04
duty to report and prevent misconduct; 11 CSR 45-10.030; 3/1/04, 7/1/04
electronic gaming devices
integrity of; 11 CSR 45-5.210; 5/2/05
minimum standards; 11 CSR 45-5.190; 5/2/05

licenses, occupational; 11 CSR 45-4.260; 4/1/04, 6/1/04, 9/15/04, 10/1/04, 2/1/05

liquor control; 11 CSR 45-12.090; 10/1/04, 2/1/05
minimum internal control standards; 11 CSR 45-9.030; 5/2/05
slot machines, progressive; 11 CSR 45-5.200; 2/15/05, 7/1/05
waivers, variances; 11 CSR 45-1.100; 10/1/04, 2/1/05

GEOLOGIST REGISTRATION, MISSOURI BOARD OF

fees; 4 CSR 145-1.040; 5/2/05
licensure by reciprocity; 4 CSR 145-2.060; 5/2/05

GEOLOGICAL SURVEY AND RESOURCE ASSESSMENT DIVISION

certification and registration reports; 10 CSR 23-3.060; 5/2/05
heat pump wells, closed-looped, construction; 10 CSR 23-5.050; 5/2/05

sensitive areas; 10 CSR 23-3.100; 5/2/05

HEALTH CARE PLAN, MISSOURI CONSOLIDATED

public entity membership

agreement, participation period; 22 CSR 10-3.030; 2/1/05, 5/16/05

coordination of benefits; 22 CSR 10-3.070; 2/1/05, 5/16/05
definitions; 22 CSR 10-3.010; 2/1/05, 5/16/05

provisions, miscellaneous; 22 CSR 10-3.080; 2/1/05, 5/16/05
review and appeal procedure; 22 CSR 10-3.075; 2/1/05, 5/16/05

subscriber agreement, membership provisions; 22 CSR 10-3.020; 2/1/05, 5/16/05

state membership

contributions; 22 CSR 10-2.030; 2/1/05, 5/16/05

co-pay and PPO plan

provisions, covered charges; 22 CSR 10-2.055; 2/1/05, 5/16/05

summaries; 22 CSR 10-2.045; 2/1/05, 5/16/05
coordination of benefits; 22 CSR 10-2.070; 2/1/05, 5/16/05
definitions; 22 CSR 10-2.010; 2/1/05, 5/16/05

membership agreement, participation period; 22 CSR 10-2.020; 2/1/05, 5/16/05

provisions, miscellaneous; 22 CSR 10-2.080; 2/1/05, 5/16/05
review and appeal procedure; 22 CSR 10-2.075; 2/1/05, 5/16/05

HEALTH STANDARDS AND LICENSURE

definitions; 19 CSR 30-83.010; 10/15/04, 2/1/05

HIGHWAYS AND TRANSPORTATION COMMISSION

subpoenas; 7 CSR 10-1.020; 3/1/04, 7/15/04

HOSPITALS

reporting of infection rates, health care associated; 19 CSR 10-33.050; 3/1/05, 6/15/05

testing for metabolic and genetic disorders; 19 CSR 25-36.010; 3/1/05, 6/15/05

ICE CREAM AND FROZEN FOOD LAW

identification tag; 2 CSR 30-22.010; 12/15/04, 4/1/05

INSURANCE, DEPARTMENT OF

annuities; 20 CSR 700-1.145; 5/16/05

auto insurance, cancellation; 20 CSR 500-2.300; 12/1/04, 3/15/05

bail bond agents

affidavits; 20 CSR 700-6.300; 10/15/04, 2/15/05

assignment and additional assets; 20 CSR 700-6.250; 10/15/04, 2/15/05

assignment and acknowledgement; 20 CSR 700-6.200; 10/15/04, 2/15/05

change of status notification; 20 CSR 700-6.170; 10/15/04, 2/15/05

continuing education; 20 CSR 700-6.160; 10/15/04, 2/15/05
training; 20 CSR 700-6.150; 10/15/04, 2/15/05

chiropractic care, coverage; 20 CSR 400-2.170; 11/1/04

fees and renewals; 20 CSR 700-6.100; 10/15/04, 2/15/05

HMO access plans; 20 CSR 400-7.095; 12/1/04

grievance, minimum time to file; 20 CSR 400-10.100; 6/1/05

market conduct examinations; 20 CSR 300-2.200; 5/2/05

medical malpractice award; 20 CSR; 3/1/02, 3/3/03, 3/15/04

Medicare supplement insurance Minimum Standards Act,

20 CSR 400-3.650; 6/15/05

referenced or adopted materials; 20 CSR 10-1.020; 9/15/04, 1/3/05

sovereign immunity limits; 20 CSR; 1/2/02, 12/16/02, 12/15/03

surplus lines, licensing requirements; 20 CSR 200-6.600; 4/15/05

training; 20 CSR 700-6.150; 10/15/04, 12/1/04

continuing education; 20 CSR 700-6.160; 10/15/04

variable life; 20 CSR 400-1.020; 5/16/05

INTERPRETERS, MISSOURI STATE COMMITTEE OF

fees; 4 CSR 232-1.040; 5/2/05

mentorship; 4 CSR 232-3.030; 5/2/05

name, address change, license renewal; 4 CSR 232-2.030; 5/2/05

principles, general; 4 CSR 232-3.010; 5/2/05

JOB DEVELOPMENT AND TRAINING

job retention program; 4 CSR 195-3.020; 6/15/05

new jobs program; 4 CSR 195-3.010; 6/15/05

LAND RECLAMATION COMMISSION

appeals and hearings; 10 CSR 40-10.085; 6/1/05

bonding; 10 CSR 40-10.030; 9/1/04, 4/1/05

definitions; 10 CSR 40-10.100; 9/1/04, 4/1/05

enforcement; 10 CSR 40-10.070; 9/1/04, 4/1/05

inspection authority, right of entry; 10 CSR 40-10.060; 9/1/04, 4/1/05

meetings, hearings, conferences; 10 CSR 40-10.080; 9/1/04, 4/1/05

performance requirements; 10 CSR 40-10.050; 9/1/04, 4/1/05

permit application requirements; 10 CSR 40-10.020; 9/1/04, 4/1/05

permit review process; 10 CSR 40-10.040; 9/1/04, 4/1/05

LOGO SIGNING

administration; 7 CSR 10-9.060; 4/15/05

definitions; 7 CSR 10-9.020; 4/15/05

eligibility requirements; 7 CSR 10-9.030; 4/15/05

public information; 7 CSR 10-9.010; 4/15/05

service signs, specific; 7 CSR 10-9.040; 4/15/05

sign design and installation; 7 CSR 10-9.050; 4/15/05

LONG-TERM CARE, NURSING FACILITIES

administrative, personnel, resident care requirements; 19 CSR 30-86.042; 12/15/04

construction standards; 19 CSR 30-86.012; 12/15/04, 4/15/05

physical plant requirements; 19 CSR 30-86.032; 12/15/04, 4/15/05

transfer, discharge procedures; 19 CSR 30-82.050; 12/15/04

LOTTERY, MISSOURI STATE

game, promotion changes, cancellation; 12 CSR 40-50.040; 10/1/04, 2/15/05

game sell-out prohibited; 12 CSR 40-85.170; 10/1/04, 2/15/05

sale during normal business hours; 12 CSR 40-40.170; 10/1/04, 2/15/05

ticket transactions in excess of \$10,000; 12 CSR 40-40.270; 10/1/04, 2/15/05

MARITAL AND FAMILY THERAPISTS, STATE COMMITTEE OF

fees; 4 CSR 233-1.040; 3/15/05, 7/1/05

MEAT AND POULTRY, INSPECTION OF

standards for inspection; 2 CSR 30-10.010; 12/15/04, 4/1/05

MEDICAL SERVICES, DIVISION OF

benefits for federally qualified health care centers;
13 CSR 70-26.010; 2/15/05, 6/15/05
children's health insurance program; 13 CSR 70-4.080; 6/1/05
comprehensive day rehabilitation program; 13 CSR 70-99.010;
7/1/05
dental benefits, limitations; 13 CSR 70-35.010; 7/15/05
drug prior authorization process; 13 CSR 70-20.200; 1/18/05,
5/2/05
durable medical equipment; 13 CSR 70-60.010; 7/15/05
federal reimbursement allowance; 13 CSR 70-15.110; 10/15/04,
2/1/05, 7/15/05
liens on property of institutionalized Medicaid eligible persons;
13 CSR 70-4.110; 6/15/05
health insurance premium payment program; 13 CSR 70-97.010;
7/1/05
home health care services; 13 CSR 70-90.010; 7/1/05
limitation on payment for inpatient care; 13 CSR 70-15.030;
7/15/05
MCO reimbursement allowance; 13 CSR 70-3.170; 7/1/05
Medicaid claims
electronic submission; 13 CSR 70-3.160; 6/1/05
Title XIX, false or fraudulent claims for services;
13 CSR 70-3.030; 6/15/05
Medical Assistance for Families; 13 CSR 40-2.375; 7/1/05
Medicaid covered services
copayment, coinsurance; 13 CSR 70-4.050; 6/15/05
nonemergency medical transportation services; 13 CSR 70-5.010;
6/15/05
optical care benefits; 13 CSR 70-40.010; 7/1/05
outpatient hospital services; 13 CSR 70-15.160; 7/15/05
payment for general relief recipient hospital outpatient services;
13 CSR 70-15.080; 7/15/05
personal care program; 13 CSR 70-91.010; 6/1/05
reimbursement
allowance, nursing facility; 13 CSR 70-10.110; 2/1/05,
6/15/05
HIV services; 13 CSR 70-10.080; 4/1/04, 8/2/04, 1/3/05,
5/2/05
inpatient, outpatient hospital services; 13 CSR 70-15.010;
7/15/05
nursing facilities; 13 CSR 70-10.015; 8/2/04
nursing services; 13 CSR 70-10.015; 1/3/05, 5/2/05
scope of medical services for general relief recipients;
13 CSR 70-2.020; 7/15/05
spenddown; 13 CSR 70-4.100; 6/1/05
Title XIX provider enrollment; 13 CSR 70-3.020; 6/1/05
uninsured parents' health insurance program; 13 CSR 70-4.090;
7/15/05

MENTAL HEALTH, DEPARTMENT OF

access crisis intervention programs; 9 CSR 30-4.195; 9/1/04
criteria for waiver slot assignment; 9 CSR 45-2.015; 11/1/04,
3/15/05
events, report of; 9 CSR 10-5.206; 4/1/05
individualized supported living services
provider certification; 9 CSR 45-5.030; 10/1/04, 2/1/05
quality outcome standards; 9 CSR 45-5.020; 10/1/04, 2/1/05
inspection of public records, copies, fees; 9 CSR 25-3.030; 3/1/05,
6/1/05
opioid treatment programs; 9 CSR 30-3.132; 12/15/04, 3/15/05;
3/1/05, 6/1/05
unusual events, report of; 9 CSR 10-5.205; 2/1/05, 5/16/05
utilization review; 9 CSR 45-2.017; 12/15/04, 3/15/05
waiver of standard means test; 9 CSR 10-31.014; 10/15/04, 2/1/05

MILK BOARD, STATE

inspection fees; 2 CSR 80-5.010; 5/16/05

MOTOR CARRIER OPERATIONS

notice to consumers by household goods carriers; 7 CSR 10-25.040;
9/15/04, 2/15/05

MOTOR VEHICLE

all terrain vehicles; 12 CSR 10-23.428; 7/15/05
dealer licensure
fees; 12 CSR 10-26.040; 1/18/05, 6/1/05
hearing officer; 12 CSR 10-26.150; 10/15/04, 2/1/05
hearing procedures; 12 CSR 10-26.140; 10/15/04, 2/1/05
prehearing conferences, stipulations; 12 CSR 10-26.170;
10/15/04, 2/1/05
review of license denial or disciplinary action; 12 CSR 10-
26.130; 10/15/04, 2/1/05
waiver of hearing; 12 CSR 10-26.160; 10/15/04, 2/1/05
filing a report of accident; 12 CSR 10-25.050; 1/18/05, 6/1/05
fire department license plates; 12 CSR 10-23.375; 10/15/04;
2/1/05
issuance of
biennial disabled person placard; 12 CSR 10-23.460; 1/18/05,
6/1/05
title to surviving spouse, unmarried minor; 12 CSR
10-23.335; 10/15/04, 2/1/05
salvage business licenses, biennial; 12 CSR 10-23.465; 10/15/04,
2/1/05
use of license plate after name change; 12 CSR 10-23.290;
12/15/04, 4/1/05

MOTOR VEHICLE INSPECTION

bumpers; 11 CSR 50-2.311; 10/1/04, 1/3/05
school bus inspection; 11 CSR 50-2.320; 10/1/04, 1/3/05

NURSING HOME ADMINISTRATORS

license, renewal; 19 CSR 73-2.050; 6/15/05

NURSING HOME PROGRAM

reimbursement plan
HIV nursing facilities; 13 CSR 70-10.080; 8/2/04, 9/15/04
nursing facilities; 13 CSR 70-10.015; 8/2/04, 9/15/04

PARKS, DIVISION OF STATE

park management; 10 CSR 90-2.020; 11/1/04

PAYROLL DEDUCTIONS, STATE OF MISSOURI, VENDOR

dues, labor organizations; 1 CSR 10-4.010; 9/15/03; 12/15/04

**PEACE OFFICER STANDARDS AND TRAINING
(POST) PROGRAM**

classification; 11 CSR 75-13.010; 12/1/04, 3/15/05
procedure to upgrade classification; 11 CSR 75-13.030;
12/1/04, 3/15/05
curricula, objectives; 11 CSR 75-14.030; 1/18/05, 5/2/05
veteran peace officer point scale; 11 CSR 75-13.060; 12/1/04,
3/15/05

PEDIATRIC NURSING FACILITIES

standards; 19 CSR 30-89.010; 10/15/04, 2/1/05

PERSONNEL ADVISORY BOARD

appeals; 1 CSR 20-4.010; 2/1/05
examinations; 1 CSR 20-3.010; 1/18/05, 5/16/05
grievance procedures; 1 CSR 20-4.020; 5/16/05
organization; 1 CSR 20-1.010; 1/18/05, 5/16/05
Registers; 1 CSR 20-3.020; 1/18/05, 5/16/05
separation, suspension, demotion; 1 CSR 20-3.070; 10/15/04,
2/15/05
ShareLeave; 1 CSR 20-5.025; 10/15/04, 2/15/05

PHARMACY, STATE BOARD OF

complaint handling, disposition procedures; 4 CSR 220-2.050;
1/3/05, 6/1/05
continuing pharmacy education; 4 CSR 220-2.100; 7/15/05
definitions, standards; 4 CSR 220-5.030; 1/3/05, 6/1/05

drug distributor licensing requirements; 4 CSR 220-5.020; 7/15/05
fees; 4 CSR 220-4.010; 7/15/05
organization; 4 CSR 220-1.010; 1/3/05, 6/1/05
permits; 4 CSR 220-2.020; 1/3/05, 6/1/05
requirements, educational and licensing; 4 CSR 220-2.030;
1/3/05, 5/2/05
standards of operation; 4 CSR 220-2.010; 1/3/05, 6/1/05

PHYSICAL THERAPISTS AND THERAPIST ASSISTANTS

applicants for licensure; 4 CSR 150-3.010; 5/2/05
biennial registration; 4 CSR 150-3.060; 4/1/05, 7/15/05

PHYSICIAN ASSISTANTS

agreements, physicians; 4 CSR 150-7.135; 4/1/05, 7/1/05, 7/15/05

PHYSICIANS AND SURGEONS

education, continuing medical; 4 CSR 150-2.125; 5/2/05
fees; 4 CSR 150-2.080; 12/1/04, 5/2/05
penalty, biennial registration; 4 CSR 150-2.050; 5/2/05
reinstatement, inactive license; 4 CSR 150-2.153; 4/1/05, 7/15/05

PLANT INDUSTRIES

bakanae of rice; 2 CSR 70-11.040; 7/1/05
treated timber
inspection, sampling, analysis; 2 CSR 70-40.025; 10/1/04,
2/1/05
standards; 2 CSR 70-40.015; 10/1/04, 2/1/05

PODIATRIC MEDICINE, STATE BOARD OF

advertising; 4 CSR 230-2.021; 10/1/04, 2/15/05
application; 4 CSR 230-2.010; 10/1/04, 2/15/05
board member compensation; 4 CSR 230-1.020; 10/1/04, 2/15/05
complaint handling; 4 CSR 230-2.041; 10/1/04, 2/15/05
definitions; 4 CSR 230-1.030; 10/1/04, 2/15/05
fees; 4 CSR 230-2.070; 10/1/04, 2/15/05
license renewal, biennial; 4 CSR 230-2.030; 10/1/04, 2/15/05
organization; 4 CSR 230-1.010; 10/1/04, 2/15/05
professional conduct rules; 4 CSR 230-2.020; 10/1/04, 2/15/05
reciprocity; 4 CSR 230-2.050; 10/1/04, 2/15/05
temporary license, internship/residency; 4 CSR 230-2.065;
10/1/04, 2/15/05
titles; 4 CSR 230-2.022; 10/1/04, 2/15/05

PRESCRIPTION DRUG REPOSITORY PROGRAM

definitions; 19 CSR 20-50.005; 1/18/05, 5/16/05
eligibility requirements to receive donated prescription drugs
pharmacies, hospitals, nonprofit clinics; 19 CSR 20-50.010;
1/18/05, 5/16/05
recipients in the program; 19 CSR 20-50.015; 1/18/05,
5/16/05
record keeping requirements; 19 CSR 20-50.040; 1/18/05, 5/16/05
standards, procedures
accepting donated prescription drugs; 19 CSR 20-50.025;
1/18/05, 5/16/05
dispensing donated prescription drugs; 19 CSR 20-50.035;
1/18/05, 5/16/05
donating prescription drugs; 19 CSR 20-50.020; 1/18/05,
5/16/05
inspecting and storing donated prescription drugs;
19 CSR 20-50.030; 1/18/05, 5/16/05

PUBLIC SERVICE COMMISSION

complaints, expedited procedure; 4 CSR 240-2.071; 6/15/05
customer bills; 4 CSR 240-33.045; 3/15/05
electric service territorial agreements
fees, petitions, applications; 4 CSR 240-3.135; 4/1/05
filing requirements; 4 CSR 240-3.130; 4/1/05
LEC to LEC network; 4 CSR 240-29.010; 1/3/05, 6/15/05
audit provisions; 4 CSR 240-29.160; 1/3/05, 6/15/05

blocking traffic
originating carriers; 4 CSR 240-29.120; 1/3/05, 6/15/05
requests of terminating carriers; 4 CSR 240-29.130;
1/3/05, 6/15/05
transiting carriers; 4 CSR 240-29.140; 1/3/05, 6/15/05
confidentiality; 4 CSR 240-29.150; 1/3/05, 6/15/05
definitions; 4 CSR 240-29.020; 1/3/05, 6/15/05
duty to file tariffs; 4 CSR 240-29.110; 1/3/05, 6/15/05
identification of originating carrier; 4 CSR 240-29.040; 1/3/05,
6/15/05
objections to payment invoices; 4 CSR 240-29.100; 1/3/05,
6/15/05
option to establish separate trunk groups; 4 CSR 240-29.050;
1/3/05, 6/15/05
privacy provisions for end users; 4 CSR 240-29.060; 1/3/05,
6/15/05
provisions, general; 4 CSR 240-29.030; 1/3/05, 6/15/05
time frame for exchange of records, invoices, payments;
4 CSR 240-29.090; 1/3/05, 6/15/05
wireless originated traffic transmitted; 4 CSR 240-29.070;
1/3/05, 6/15/05
use of terminating record creation; 4 CSR 240-29.080;
1/3/05, 6/15/05
local calling area plans, filing requirements, application;
4 CSR 240-2.061; 4/15/05
manufactured home installers
definitions; 4 CSR 240-125.010; 2/15/05, 5/2/05
exceptions, licensing; 4 CSR 240-125.030; 2/15/05, 5/2/05
installation decals; 4 CSR 240-125.070; 2/15/05, 5/2/05
licensing; 4 CSR 240-125.060; 2/15/05, 5/2/05
limited use installer; 4 CSR 240-125.050; 2/15/05,
5/2/05
manufactured home installer; 4 CSR 240-125.040;
2/15/05, 5/2/05
provisions, general; 4 CSR 240-125.020; 2/15/05, 5/2/05
telecommunication companies
filing and submission requirements; 4 CSR 240-3.513;
1/18/05, 5/2/05
Universal Service Fund
definitions; 4 CSR 240-31.010; 7/1/05
eligibility; 4 CSR 240-31.050; 7/1/05

REAL ESTATE COMMISSION

fees; 4 CSR 250-5.030; 2/1/05, 5/16/05

RESIDENTIAL CARE FACILITIES I and II

fire safety standards; 19 CSR 30-86.022; 9/15/04, 1/3/05

RETIREMENT SYSTEMS, COUNTY EMPLOYEES

distribution of accounts; 16 CSR 50-10.050; 10/1/04, 2/1/05,
6/1/05
rehires; 16 CSR 50-2.110; 4/1/05, 7/15/05

RETIREMENT SYSTEMS

qualified government excess benefit arrangement;
16 CSR 20-2.057; 1/3/05, 4/15/05

SANITATION AND SAFETY STANDARDS

lodging establishments; 19 CSR 20-3.050; 6/1/05

SECURITIES, DIVISION OF

accredited investor exemption; 15 CSR 30-54.215; 10/1/04,
1/18/05
agricultural cooperatives; 15 CSR 30-54.195; 1/18/05, 5/2/05
fees; 15 CSR 30-50.030; 10/1/03, 1/15/04
financial statements; 15 CSR 30-51.040, 15 CSR 30-52.025;
10/1/03, 1/15/04
forms; 15 CSR 30-50.040; 1/18/05, 5/2/05
registration, effective; 15 CSR 30-51.160; 9/15/04, 1/3/05

SEWAGE DISPOSAL SYSTEMS

persons qualified to perform tests; 19 CSR 20-3.080; 10/15/04,
1/18/05

SOCIAL WORKERS, STATE COMMITTEE FOR

license

provisional, baccalaureate; 4 CSR 263-2.047; 5/2/05
provisional, clinical; 4 CSR 263-2.045; 5/2/05**SPEECH-LANGUAGE PATHOLOGISTS AND
AUDIOLOGISTS**

applicants, provisional license; 4 CSR 150-4.055; 5/2/05

TATTOOING, BODY PIERCING AND BRANDING

fees, 4 CSR 267-2.020; 3/15/05, 7/1/05

temporary practitioner license; 4 CSR 267-4.020; 10/15/04,
3/15/05**TAX, CITY SALES, TRANSPORTATION SALES, PUBLIC
MASS TRANSPORTATION**

city tax applies, when; 12 CSR 10-5.050; 1/18/05, 5/16/05

delivery from outside the state; 12 CSR 10-5.070; 1/18/05,
5/16/05delivery outside jurisdiction; 12 CSR 10-5.060; 1/18/05,
5/16/05

rental or leasing receipts; 12 CSR 10-5.075; 1/18/05, 5/16/05

place of business; 12 CSR 10-5.550; 1/18/05, 5/16/05

transportation tax applies; 12 CSR 10-5.545; 1/18/05, 5/16/05

delivery from outside the state; 12 CSR 10-5.560; 1/18/05,
5/16/05delivery outside jurisdiction; 12 CSR 10-5.555; 1/18/05,
5/16/05

rental or leasing receipts; 12 CSR 10-5.565; 1/18/05, 5/16/05

TAX, COUNTY SALESdelivery from outside the state; 12 CSR 10-11.130; 1/18/05,
5/16/05determining which tax applies; 12 CSR 10-11.100; 1/18/05,
5/16/05

items taken from inventory; 12 CSR 10-11.120; 1/18/05, 5/16/05

rental or leasing receipts; 12 CSR 10-11.140; 1/18/05, 5/16/05

TAX, CREDIT

homestead preservation credit

procedures; 12 CSR 10-405.100; 4/1/05

qualification and amount of credit; 12 CSR 10-405.200;
4/1/05special needs adoption tax credit; 12 CSR 10-400.200; 2/15/05,
6/1/05**TAX, INCOME**annual adjusted rate of interest; 12 CSR 10-41.010; 1/3/05,
5/16/05

computation of tax; 12 CSR 10-400.250; 1/3/05, 6/1/05

income tax refund offset fee; 13 CSR 40-110.020;

10/15/04; 2/1/05

special needs adoption tax credit; 12 CSR 10-2.195; 5/2/05

TAX, PROPERTY RATES

calculation and revision by

political subdivisions other than school districts

calculating a separate property tax rate for each sub-class;
15 CSR 40-3.150; 11/1/04, 12/15/04calculating a single property tax rate applied to all
property; 15 CSR 40-3.160; 11/1/04, 12/15/04

school districts; 15 CSR 40-3.120; 11/1/04, 12/15/04

calculating a separate rate for each sub-class of property;
15 CSR 40-3.130; 11/1/04, 12/15/04calculating a single property tax rate applied to all
property; 15 CSR 40-3.140; 11/1/04, 12/15/04**TAX, SALES/USE**

direct pay agreement; 12 CSR 10-104.040; 1/3/05, 6/1/05

exemption certificates; 12 CSR 10-107.100; 12/1/04, 4/15/05,
6/15/05

newspapers; 12 CSR 10-104.400; 12/1/04

newspapers, other publications; 12 CSR 10-110.400; 6/1/05

when a user has sufficient nexus; 12 CSR 10-114.100; 1/3/05,
5/16/05**TAX, STATE COMMISSION**

appeals; 12 CSR 30-3.010; 11/15/04, 4/1/05

intervention; 12 CSR 30-3.020; 11/15/04, 4/1/05

motions, stipulations; 12 CSR 30-3.050; 11/15/04, 4/1/05

TAX, STATE USE

imposition of tax; 12 CSR 10-103.210; 10/15/04, 2/1/05

TAX, WITHHOLDINGelectronic filing and payment requirement; 12 CSR 10-500.210;
5/16/05**VEHICLES, ANIMAL DRAWN**

equipment, alternate; 11 CSR 30-7.020; 1/18/05; 5/2/05

VICTIMS FUND GRANT PROGRAM

applicants, eligible; 11 CSR 30-5.020; 7/15/05

contract awards, monitoring, review; 11 CSR 30-5.050; 7/15/05

WEIGHTS AND MEASURES

anhydrous ammonia; 2 CSR 90-11.010; 12/15/03, 4/15/04

inspection of premises; 2 CSR 90-30.050; 12/15/03, 4/15/04

Keep Your Copies of the *Missouri Register* Organized in Easy-To-Use Binders



ROBIN CARNAHAN
SECRETARY OF STATE

MISSOURI
REGISTER

\$7.50 each

Requires two binders per volume.

ORDER FORM

☐ Enclosed is my check for \$ _____ for _____ *Missouri Register* Binders.
(\$7.50 for each binder) (No. of binders)

Make checks payable to Secretary of State.

Mail to: ROBIN CARNAHAN
SECRETARY OF STATE
ADMINISTRATIVE RULES DIVISION
PO Box 1767
JEFFERSON CITY, MO 65102

Name or Firm (Please Type or Print)

Attn:

Send by UPS or Street Address

City

State

Zip Code

Delegation of Authority—Signatures

A rule packet requires an original signature of the department director or of a person who has been delegated the authority to sign on behalf of the director of the department for which a rulemaking is being prepared. You may check with our office to find out whose signatures are on file with the Office of the Secretary of State, Administrative Rules Division at 751-4015.

Office of the Secretary of State

ROBIN CARNAHAN

07/15/05

ROBIN CARNAHAN

SECRETARY OF STATE

PO Box 1767

JEFFERSON CITY, MO 65102

Periodical
Postage Paid at
Jefferson City,
MO